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ON-SITE AIR BAG INVESTIGATION

CASE NO. - 96-17
FLEET - PRIVATE VEHICLE
LOCATION - ILLINOIS
ACCIDENT DATE - [REDACTED] 1996

Submitted By:

[REDACTED]
Senior Staff Associate
and
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Associate Scientist

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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13. Type of Report and Period Covered [REDACTED] 1996		14. Sponsoring Agency Code		15. Supplementary Notes On-site air bag deployment investigation involving a 1995 Ford Escort LX, 4-door sedan, with automatic, motorized, two-point, shoulder belts; manual, two-point, lap belts; and dual air bags	
16. Abstract This report covers an on-site investigation of an air bag deployment crash that involved a 1995 Ford Escort LX and a 1987 Nissan Maxima. This crash is of special interest because an infant, in a rear-facing infant seat which was held on the lap of the right front passenger, was fatally injured by the Escort's deploying right front air bag. The Escort (case vehicle) was traveling west in the inside, westbound, through lane of a four-lane, undivided, city street when the case vehicle's driver steered right to evade a noncontact vehicle ahead which had stopped in the inside lane. The Maxima (vehicle #2) had just stopped heading west in the outside, westbound lane of the same, four-lane, undivided, city street. After steering into the outside westbound lane, the case vehicle's driver braked (i.e., with lock-up) depositing approximately 7.9 meters (25.9 feet) of skidmarks prior to impact. The crash occurred in the inside, westbound lane of the four-lane, undivided roadway and east of a four-leg intersection. The front of the case vehicle impacted the back of vehicle #2 causing the case vehicle's driver side and right front passenger side supplemental restraints (air bags) to deploy. The case vehicle primarily underrode the back of vehicle #2. The case vehicle's driver (21 year-old male) and right front passenger (21 year-old female) were both normally postured, with their seat tracks located in their rearmost position. The case vehicle was not equipped with a tilt steering wheel. Neither the driver nor the right front passenger were using their available, passive, two-point, motorized shoulder belts or active, two-point, lap belts. The driver sustained, according to his interview, minor air bag-related injuries which included: an abrasion and contusion to his mid-chest and an abrasion to his left forearm. The right front passenger sustained chest contusions from the infant child seat which was pushed into her chest by her deploying air bag. In addition, the right rear passenger (12 year-old male) was not using his available, active, three-point, lap and shoulder belt whereas the left rear passenger (10 month-old female) was restrained in an unknown make/model, forward-facing, child safety seat which was belted in position. Neither rear seated passenger was injured. Finally, an infant was held on the lap of the right front passenger. The "on-lap" infant (7 day-old female) was abnormally postured and was strapped (i.e., by the seat's harness) in an EVENFLO JOY RIDE CAR SEAT/CARRIER. She was pronounced dead 40 minutes post-crash and sustained, according to her medical records, a non-anatomic brain injury [i.e., in a coma (Glasgow Coma Scale score = 3) on arrival] and a palpable depressed skull fracture. No invasive examination was performed on the child.					
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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-17

FLEET - PRIVATE VEHICLE
LOCATION - ILLINOIS

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1995 Ford Escort LX and a 1987 Nissan Maxima occurring in [REDACTED] 1996 at [REDACTED] p.m., in an urban area on a city street. This crash is of special interest because an infant, in a rear-facing infant seat which was held on the lap of the right front passenger, was fatally injured by the case vehicle's deploying right front air bag.

The Escort was traveling west in the inside, westbound, through lane of a four-lane, undivided, city street when the Escort's driver steered right to evade a noncontact vehicle ahead which had stopped in the inside lane. After steering into the outside westbound lane, the Escort impacted the Maxima which had just stopped heading west in outside, westbound lane of the same, four-lane, undivided, city street. The Escort's driver braked (i.e., with lock-up) depositing approximately 7.9 meters (25.9 feet) of skidmarks prior to impact. The crash occurred in the inside, westbound lane of the four-lane, undivided roadway and east of a four-leg intersection. The Escort came to rest near where the impact occurred heading in the same westerly direction. The Maxima moved forward (westward) after impact and came to rest, heading west, in the outside westbound lane just east of the intersection.

The front of the Escort impacted the back of the Maxima with the Escort primarily underriding the back of the Maxima. The CDCs were determined to be: 12-FDEW-1 for the Escort and 06-BYLV-1 for the Maxima. The SMASH reconstruction program, damage only algorithm, was used on the highest severity impact to the Escort. The Total, Longitudinal, and Lateral Delta Vs for the Escort are respectively: 13 km.p.h. (8 m.p.h.), -13 km.p.h. (-8 m.p.h.), and 0 km.p.h. (0 m.p.h.).

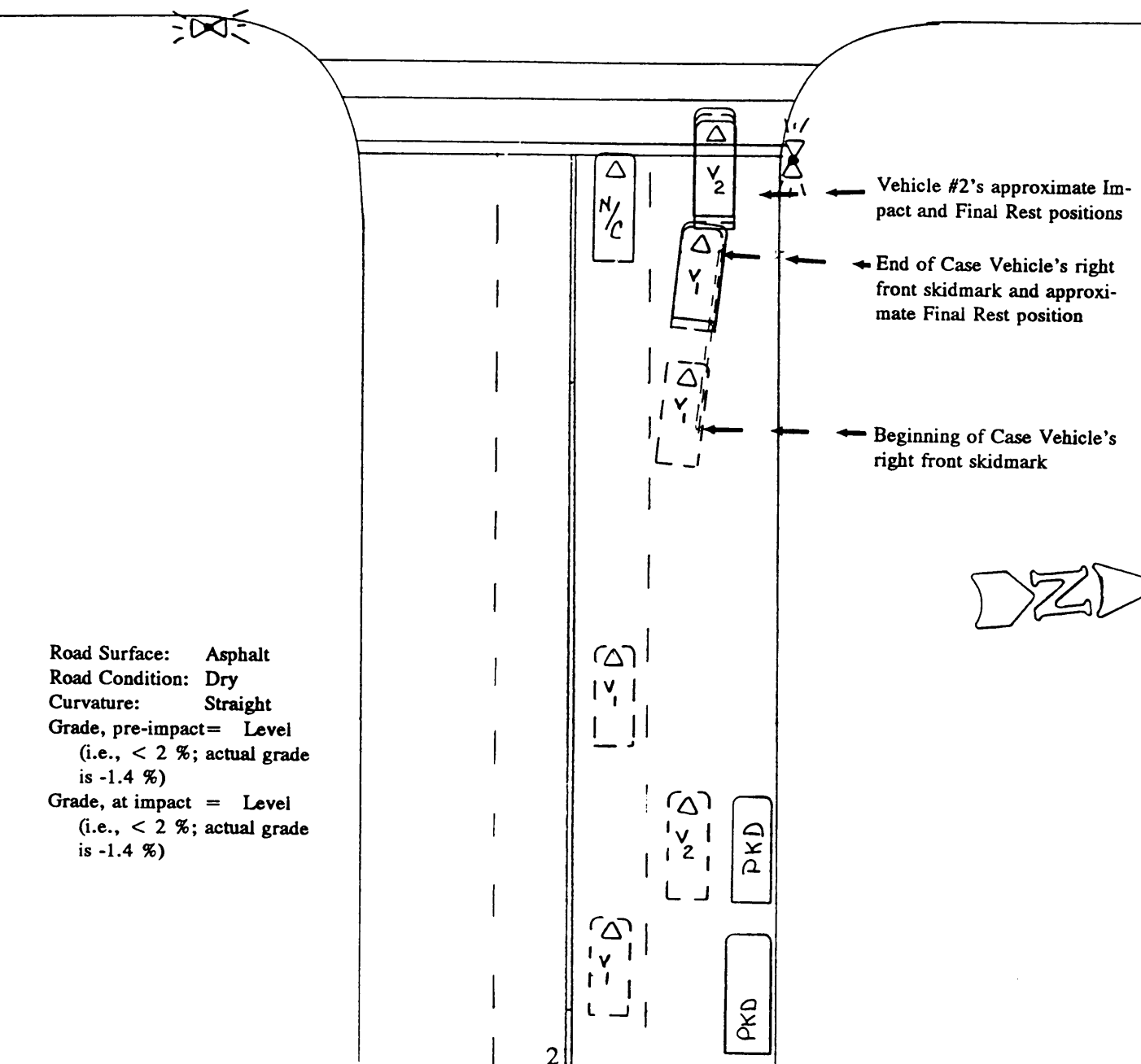
The 1995 Ford Escort LX was equipped with both driver and right front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The case vehicle's driver (21 year-old male) and right front passenger (21 year-old female) were both normally postured, with their seat tracks located in their rearmost position. The case vehicle was not equipped with a tilt steering wheel. Neither the driver nor the right front passenger were using their available, passive, two-point, motorized shoulder belts or active, two-point, lap belts. The driver sustained, according to his interview, minor air bag-related injuries which included: an abrasion and contusion to his mid-chest and an abrasion to his left forearm. The right front passenger sustained minor injuries, but the exact nature of her injuries is unknown. In addition, the right rear passenger (12 year-old male) was not using his available, active, three-point, lap and shoulder belt whereas the left rear passenger (10 month-old female) was restrained in an unknown make/model, forward-facing, child safety seat which was belted in position. Neither rear seated passenger was injured. Finally, an infant was held on the lap of the right front passenger. The "on-lap" infant (7 day-old female) was abnormally postured and was strapped (i.e., by the seat's harness) in an EVENFLO JOY RIDE CAR SEAT/CARRIER. She was pronounced dead 40 minutes post-crash and sustained, according to her medical records, a concussion [in a coma (Glasgow Coma Scale score = 3) on arrival] and a palpable depressed skull fracture (i.e., no invasive examination was performed on the child).

Scale: 1 cm = 2.5 m
(prior to reduction @ 94%)

The diagram shows a U-shaped pipe. The left vertical section is on the left. The bottom horizontal section is at the bottom. The right vertical section is on the right. A valve, represented by two triangles meeting at a point with a central dot, is located at the top right corner where the right vertical section meets the bottom horizontal section. The pipe is drawn with a single line, and the valve is drawn with two triangles meeting at a point with a central dot.

Scale: 1 cm = 2.5 m
(prior to reduction @ 94%)

The diagram shows a U-shaped pipe. The left vertical section is on the left. The bottom horizontal section is at the bottom. The right vertical section is on the right. A valve, represented by two triangles meeting at a point with a central dot, is located at the top right corner where the right vertical section meets the bottom horizontal section. The pipe is drawn with a single line, and the valve is drawn with two triangles meeting at a point with a central dot.



Road Surface: Asphalt	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Δ ∇ \square </div>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Δ ∇ \square </div>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Δ ∇ \square </div>
Road Condition: Dry			
Curvature: Straight			
Grade, pre-impact = Level (i.e., < 2 %; actual grade is -1.4 %)			
Grade, at impact = Level (i.e., < 2 %; actual grade is -1.4 %)			

TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-17

FLEET - PRIVATE VEHICLE
LOCATION - ILLINOIS

ACCIDENT DATA

Location/Street:	City Street
State:	Illinois
Area/Type:	Urban, commercial
Accident Date/Time:	██████ 1996, @ ██████ p.m.
Investigating Police Agency:	██████ police department
Accident Type:	Car / car - Rear-end
Occupant Injury Severity (air bag vehicle):	Concussion (AIS-5) with depress skull fracture (AIS-3)

AMBIENT CONDITIONS

Light Conditions:	Daylight
Weather Condition:	Clear, (no clouds)
Precipitation:	None
Road Surface:	Dry
Temperature:	91 degrees F @ applicable city, Illinois airport; 80 degrees F per Supplemental Police Accident Report

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	City street	City street
Number of Travel Lanes:	Four-lanes, undivided; two lanes westbound, two lanes eastbound	Four-lanes, undivided; two lanes westbound, two lanes eastbound
Width:	3.3 m (10.8 ft)	3.6 m (11.8 ft)
Surface Type:	Bituminous	Bituminous

ROADWAY (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Median:	None	None
Shoulders:	2.0 m (6.6 ft) parking lane	2.0 (6.6 ft) parking lane
Vertical alignment:	1.4 %, negative to west	1.4 %, negative to west
Horizontal alignment:	Straight	Straight
Estimated Coefficient of Friction:	.75	.75
Traffic Density:	Moderate	Moderate

TRAFFIC CONTROLS

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	Vertically mounted on-colors traffic control signal	Vertically mounted on-colors traffic control signal
Signs:	Regulatory SPEED LIMIT sign; regulatory NO PARKING BUS ZONE sign (R7 series)	Regulatory SPEED LIMIT sign; regulatory NO PARKING BUS ZONE sign (R7 series)
Markings:	Dashed white lane lines separating inside and outside westbound lanes; double solid yellow center lines between westbound and eastbound lanes	Dashed white lane lines separating inside and outside westbound lanes; double solid yellow center lines between westbound and eastbound lanes
Speed Limit:	48 km.p.h. (30 m.p.h.)	48 km.p.h. (30 m.p.h.)

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1995	1987
Make:	Ford	Nissan
Model:	Escort LX	Maxima SE
Body Type:	Four-door sedan, five-passenger	Four-door sedan, five-passenger
V.I.N.	3FASP13JXSR-----	JN1HU11P5HT-----

VEHICLES (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Color:	Red	Beige
Mileage:	20,905 km (12,990 miles)	73,860 km (45,896 miles)
Engine:	1.9 liters, I-4 EFI	3.0 liters, V-6 MPI
Transmission:	Four-speed automatic	Five-speed manual
Steering:	Power-assisted rack-and-pinion	Power-assisted rack-and-pinion
Brakes:	Power-assisted, front disc, rear drum	Power-assisted, front and rear disc
Padding:	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces
Active Restraints:	Two-point, lap belts in front outboard and rear center seating positions; three-point lap and shoulder belts in rear outboard seating positions	Two-point, lap belts in front outboard and rear center seating positions; three-point lap and shoulder belts in rear outboard seating positions
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags); motorized, two-point, shoulder belt in front outboard seating positions	Motorized, two-point, shoulder belts in front outboard seating positions
Defects:	None per Police Accident Report	None per Police Accident Report
Fleet:	Private vehicle	Private vehicle
Tow status:	Driven away	Driven away

VEHICLE DAMAGE

<u>EXTERIOR</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Event number:	First	First
Object Struck:	Vehicle #2	Case Vehicle
Damage location		
Damaged Plane:	Front	Back

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)Case VehicleVehicle #2Deployment Impact (Continued)

Vertical Location

On Plane:
Direct Begins:Front bumper and grille
Right bumper corner to
34 cm (13.4 in) left of
centerRear bumper
Left bumper corner to 30
cm (11.8 in) right of
center

Length Direct:

105 cm (41.3 in)

106 cm (41.7 in)

Field L:

140 cm (55.1 in)

150 cm (59.1 in)

C₁:

1 cm (.4 in)

1 cm (.4 in)

C₂:

1 cm (.4 in)

1 cm (.4 in)

C₃:

1 cm (.4 in)

3 cm (1.2 in)

C₄:

1 cm (.4 in)

1 cm (.4 in)

C₅:

2 cm (.8 in)

0 cm (0.0 in)

C₆:

2 cm (.8 in)

0 cm (0.0 in)

D:

+18 cm (6.9 in)

-22 cm (-8.7 in)

Maximum Crush:

2 cm (.8 in)

3 cm (1.2 in)

Location:

C₆C₃

CDC:

12-FDEW-1 (0)

06-BDLW-1 (-10)

Damaged Components:

Bumper, grille, and hood

Rear bumper and induced
damage to left rear door--
prohibiting it from being
opened per Police Acci-
dent ReportINTERIOR

Damaged Components:

Driver and passenger air
bag modules, windshield
and sunvisor on passen-
ger's side and rearview
mirror

None visible from outside

Other Evidence of
Occupant Contact:Fuse box plastic cover on
left dash

None

Manual Restraint
System Failures:

None

Unknown, but unlikely

Seat Performance
Failures:

None

Unknown

REPAIR

Cost Estimate:

Unknown

Unknown

VEHICLE VELOCITY ESTIMATES¹

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Reconstruction Program:	SMASH and EDCRASH	SMASH and EDCRASH
Program Algorithm:	Damage only	Damage only
Travel Speed ¹ :	20 km.p.h. (12 m.p.h.)	0 km.p.h. (0 m.p.h.)
Total Delta "V":	13 km.p.h. (8 m.p.h.)	12 km.p.h. (7 m.p.h.)
Longitudinal Delta "V":	-13 km.p.h. (-8 m.p.h.)	+12 km.p.h. (+7 m.p.h.)
Lateral Delta "V":	0 km.p.h. (0 m.p.h.)	+2 km.p.h. (+1 m.p.h.)

COLLISION SEQUENCE

PRE-CRASH: According to the Police Accident Report and the case vehicle's driver, the case vehicle (Escort) was traveling west in the inside, westbound, through lane of a four-lane, undivided, city street (i.e. two westbound and two eastbound through lanes, one eastbound parking lane, and one westbound parking lane) and was attempting to continue in its direction of travel when the case vehicle's driver steered right to evade a noncontact vehicle ahead which had stopped in the inside lane. According to the Police Accident Report and the driver of vehicle #2 (Maxima), vehicle #2 was heading west in the outside, westbound lane of the same, four-lane, undivided, city street and had just stopped waiting for the on-colors traffic control signal to change. According to the Police Accident Report and the driver of the case vehicle, he changed lanes from the outside to the inside westbound lane and attempted to continue through the intersection. According to the case vehicle's driver, he assumed that Vehicle #2 was going to do the same. According to the case vehicle's driver, the Police Accident Report, and the scene evidence, the case vehicle's driver braked (i.e., with lock-up) depositing approximately 7.9 meters (25.9 feet) of skidmarks prior to impact. According to the driver of vehicle #2, he made no pre-crash avoidance maneuvers but gripped the steering wheel and braced just prior to impact. The crash occurred in the inside, westbound lane of the four-lane, undivided, roadway just east of the four-leg intersection.

CRASH: According to the Police Accident Report, the vehicle inspections, and both drivers, the front of the case vehicle impacted the rear of vehicle #2 causing both the driver and right front passenger side supplemental restraint systems (air bags) to deploy. The case vehicle's frontal damage indicates that, other than the direct damage to the top 5 centimeters (2.0 inches) of the front bumper, the case vehicle primarily underrode the rear of vehicle #2. According to the case vehicle's driver, the vehicle came to rest near where the impact occurred heading in the same westerly direction. According to vehicle #2's driver, vehicle #2 moved forward

¹ Based on the scene and vehicle inspections and the interview with the case vehicle's driver, his estimated travel speed just prior to impact was between 16 and 24 km.p.h. (10-15 m.p.h.).

COLLISION SEQUENCE (CONTINUED)

CRASH: (Continued)

ward) after impact and came to rest, heading west, in the outside westbound lane of the roadway just east of the intersection.

POST-CRASH:

Occupants: According to the Police Accident Report and the case vehicle's driver, all five of the case vehicle's occupants remained inside the vehicle at final rest. According to the case vehicle's driver, the driver and right rear passenger (cousin) were conscious and able to exit the case vehicle without assistance. The right front passenger (wife) and left rear passenger (daughter) were conscious but required assistance to exit the case vehicle--the former because of the condition of her infant daughter and the latter because of her age (10 month-old female). The infant passenger (7 day-old female), who was strapped into a rear-facing infant seat which was situated on the right front passenger's lap, was unconscious and was removed, according to the case vehicle's driver, from the case vehicle by the driver. According to the case vehicle's driver, neither the driver nor the right front passenger were using their available, automatic, two-point, motorized shoulder belts or manual, two-point, lap belts. In addition, the right rear passenger was not using his available, manual, three-point, lap and shoulder belt. According to the Police Accident Report and the case vehicle's driver, the left rear passenger was restrained in an unknown² make/model, forward-facing³, child safety seat which was belted in position. According to the Police Accident Report, the case vehicle's driver, and the "on-lap" infant's medical records, the infant was strapped (i.e., by the seat's harness) in an EVENFLO JOY RIDE CAR SEAT/CARRIER⁴ (see **SELECTED PHOTOGRAPHS #41 through #54**) which was held by the right front passenger on her lap. According to vehicle #2's driver, he remained inside his vehicle at final rest, was conscious, and was able to exit vehicle #2 without assistance. In addition, he was restrained by his available two-point, automatic, motorized, shoulder belt and two-point, manual, lap belt.

Police: The investigating police agency was notified of the accident within ten minutes and arrived on-scene later but in an unknown amount of time. Traffic control procedures were established and emergency medical services were called to assist.

Rescue: According to the case vehicle's driver, the driver and left rear, infant passenger were transported by the police to a medical facility where his "on-lap" infant daughter was being treated. The right front passenger accompanied her "on-lap" infant daughter in an ambulance to the medical facility. The right rear passenger

² The make/model and type of child safety seat is unknown because the seat was not available during this contractor's vehicle inspection and could not be identified by the case vehicle's driver.

³ According to the case vehicle's driver, the seat faced forward; however, based on the occupant's age (10 month-old female--almost 11 months), the seat should have been rear-facing.

⁴ This infant seat was manufactured in [REDACTED] and was obtained as a gift at a shower given for the child's mother. The mother indicated, through her attorney, that she was not instructed by anyone on how to use the seat; however, she did read the instructions on how to use it.

COLLISION SEQUENCE (CONTINUED)

POST-CRASH: Rescue: (Continued)

was taken from the scene by a friend's dad. According to the case vehicle's driver, none of these four occupants were treated. According to the Police Accident Report, the case vehicle's driver, and the "on-lap" infant's medical records, the infant on the lap of the right front passenger was transported by ambulance to a medical facility where she was pronounced dead 40 minutes post-crash. According to the case vehicle's driver, he sustained minor air bag-related injuries which included: an abrasion and contusion to his mid-chest and an abrasion to his left forearm. According to the right front passenger, she sustained chest contusions⁵ which occurred when the infant child seat was pushed into her chest by her deploying air bag. According to the case vehicle's driver, neither rear seated passenger was injured. According to the "on-lap" infant's medical records, she had a non-anatomic brain injury [i.e., in a coma (Glasgow Coma Scale score = 3) on arrival at the medical facility] and had a depressed skull fracture, which was determined by palpation (i.e., no invasive examination was performed on the child). According to vehicle #2's driver, he drove his vehicle away from the scene but later sought medical treatment from a physician. According to vehicle #2's driver, he sustained a cervical sprain as a result of the crash.

Removal: Following the police investigation, the case vehicle was driven from the scene by a relative, and vehicle #2 was driven away.

HUMAN FACTORS/OCCUPANT DATA

<u>DRIVERS:</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	21 year-old	24 year-old
Sex:	Male	Male
Height:	175 cm (69 in)	165 cm (65 in)
Weight:	82 kg (180 lbs)	63 kg (138 lbs)
Occupation:	Service worker (i.e., collection agent)	Craftsman (i.e., floor sander)
Active Restraint System/Usage:	Two-point lap belt/Not used	Two-point lap belt/Used
Usage Source:	Vehicle inspection, Interviewee, and Police Accident Report	Interviewee, and Police Accident Report

⁵ Because of the bereavement process, this contractor initially had difficulty ascertaining the injuries sustained by the case vehicle's right front passenger.

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

<u>DRIVERS: (Continued)</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed; two-point, motorized, shoulder belt/Not used	Two-point, motorized, shoulder belt/Used
Usage Source:	Vehicle inspection, Interviewee, and Police Accident Report	Interviewee and Police Accident Report
Eye glasses/contacts:	None	Not applicable
Vehicle Familiarity:	Six months and 20,905 km (12,990 mi)	Two months and 6,437 km (4,000 mi)
Route Familiarity:	Twice monthly	Once a week
Trip Plan:	Home to relative's home	Work to home
Manner of Leaving Scene:	Driven by police to hospital	Drove vehicle away
Type of Medical Treatment:	None	Treated later by Private physician
<u>CASE VEHICLE PASSENGERS:</u>	<u>Right Front Passenger</u>	<u>Passenger On Lap of Right Front Passenger</u>
Age:	21 year-old	7 day-old
Sex:	Female	Female
Height:	163 cm (64 in)	46 cm (18 in) per post-mortem examination
Weight:	73 kg (160 lbs)	4 kg (8 lbs) per post-mortem examination
Active Restraint System/Usage:	Two-point lap belt/Not used	In infant car safety seat with harness, no active restraint available by definition
Usage Source:	Vehicle inspection, interviewee, and Police Accident Report	Interviewee and Police Accident Report
Passive Restraint System/Usage:	Factory installed air bag/Air bag deployed; motorized shoulder belt/Not used	None, by definition

HUMAN FACTORS/OCCUPANT DATA⁶ (CONTINUED)**CASE VEHICLE PASSENGERS:**(Continued)**Right Front Passenger****Passenger On Lap of
Right Front Passenger**

Usage Source:	Vehicle inspection, interviewee, and Police Accident Report	Not applicable
Eye glasses/contacts:	None	None
Manner of Leaving Scene:	Accompanied daughter in ambulance	Ambulance
Type of Medical Treatment:	None	Pronounced dead at hospital 40 minutes post-crash

CASE VEHICLE PASSENGERS:**Left Rear Passenger****Right Rear Passenger**

Age:	10 month-old	12 year-old
Sex:	Female	Male
Height:	102 cm (40 in) ⁶	135 cm (53 in)
Weight:	14 kg (30 lbs)	45 kg (100 lbs)
Active Restraint System/Usage:	Three-point lap and shoulder belt with child safety seat/Used	Three-point lap and shoulder belt/Not used
Usage Source:	Vehicle inspection, interviewee, Police Accident Report	Vehicle inspection and interviewee
Passive Restraint System/Usage:	Not equipped	Not equipped
Usage Source:	Not applicable	Not applicable
Eye glasses/contacts:	Not applicable	Not applicable
Manner of Leaving Scene:	Went with father	Went with friend's dad
Type of Medical Treatment:	None	None

⁶ The interviewee's reported height [i.e., 102 centimeters (40 inches--3 feet 4 inches)] for the left rear occupant [10 month-old female (almost 11 months)] is most likely in error. According to a [REDACTED], the 50th and 90th percentile heights for an 11 month-old female are approximately 73 centimeters (28.7 inches) and 77 centimeters (30.3 inches), respectively.

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion mid-chest	490202.1,4	7	Air bag, driver's side	{Probable}
Contusion mid-chest	490402.1,4	7	Air bag, driver's side	{Probable}
Abrasion left forearm	790202.1,2	7	Air bag, driver's side	{Probable}

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES⁷

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusions, chest, and swelling and hemorrhage ⁷ to her nose	490402.1,9	7	Infant child safety seat	{Certain}

CASE VEHICLE PASSENGER ON LAP OF RIGHT FRONT PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Non-anatomic brain injury (GCS = 3) with no spontaneous movement, flaccid motor response, and no reflexes)	160824.5,0	3	Right front passenger air bag	{Certain}
Fracture, depressed, right skull	150404.3,1	2	Right front passenger air bag	{Certain}

CASE VEHICLE LEFT REAR PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

⁷ According to NASS CDS injury coding protocol, the swelling and hemorrhage to the face are results of injury and not injury per se; therefore, only the chest contusions are coded.

CASE VEHICLE RIGHT REAR PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Sprain, acute, cervical	640278.1,6	7	Head restraint, driver's side	{Probable}

CASE VEHICLE DRIVER KINEMATICS

According to the case vehicle's driver, immediately prior to the crash he was normally postured (i.e., sitting slightly reclined with his back against the seat back, his left foot on the floor, his right foot on the brake, and both hands on the steering wheel at the 9 and 3 o'clock positions bracing for the impending impact). According to the case vehicle's driver and the vehicle inspection, his seat track was located in its rearmost position, and the seat back was in the slightly reclined position. According to the vehicle inspection, the case vehicle was not equipped with a tilt steering wheel; consequently, the steering wheel was in the center position. According to the vehicle inspection and the driver's interview, neither the available, automatic, two-point, motorized, shoulder belt (i.e., disconnected) nor the active, two-point, lap belt was used.

According to the Police Accident Report, the scene evidence, and the case vehicle's driver, he braked (with lock-up) and skidded approximately 7.9 meters (25.9 feet) prior to impact. As a result of this attempted avoidance maneuver and the nonuse of his available safety belts, he most likely would have moved forward just prior to impact.

Based on the vehicle inspection, the interview with the case vehicle's driver, and occupant kinematic principles (i.e., PDOF=360), the case vehicle's impact with vehicle #2, not only deployed the driver's side air bag, but thrust the driver forward toward the steering column. At impact the deploying air bag contacted the driver's chest and forearms. This contact caused the driver's reported chest abrasion and contusion and left forearm abrasion. However, because of the driver's bracing type posture, he was able to keep his face from contacting the deploying air bag. An inspection of the driver's air bag showed no evidence of contact; see **SELECTED PHOTOGRAPHS #25 and #26**. In addition, there did not appear to be any evidence of contact on the driver side air bag module's cover flap; see **SELECTED PHOTOGRAPH #27**.

The air bag impact to the driver's chest most likely knocked the driver's torso backwards into his seat. According to the case vehicle driver, at final rest he was essentially in his original seating position.

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS

According to the case vehicle's driver (i.e., husband) and the right front passenger⁸, immediately prior to the crash she was normally postured (i.e., sitting slightly reclined with her back against the seat back, both feet on the floor, and both hands holding onto the EVENFLO JOY RIDE CAR SEAT/CARRIER, which was on her lap). The right front passenger (i.e., mother) was not sure how her hands and arms were positioned; although, she was sure that they were holding onto the infant child seat throughout the crash sequence. This contractor believes that, because of the lack of injuries to her hands and arms and her short stature, she most likely had her left hand holding onto the front rim--near the babies feet (i.e., end facing the driver), and her right hand holding onto the back portion (i.e., toward the right front door). According to the case vehicle's driver and the vehicle inspection, the right front passenger's seat track was located in its rearmost position, and the seat back was in the slightly reclined position. According to the vehicle inspection and the driver's interview, neither the available, automatic, two-point, motorized, shoulder belt (i.e., disconnected) nor the active, two-point, lap belt was used.

As a result of the case vehicle's attempted avoidance maneuver (i.e., braking) and the nonuse of her available safety belts, the right front passenger, and consequently the "on-lap" infant, most likely moved forward just prior to impact. According to the case vehicle's driver and the right front occupant, upon recognition of the impending impact the right front passenger held the left side of the infant safety seat close to her chest and possibly tilted the infant seat away from the dash and the deploying air bag.

Based on the vehicle inspection, the interview with the case vehicle's driver, and occupant kinematic principles (i.e., PDOF=360), the case vehicle's impact with vehicle #2, not only deployed the right front passenger side air bag, but thrust the right front passenger, and consequently the "on-lap" infant, forward toward the right dash and air bag module. An inspection of the right front passenger's air bag revealed contact marks and snags from the right side of the infant safety seat; see **SELECTED PHOTOGRAPHS #28 and #33 through #38**. However, there was no visible evidence of contact on the right front air bag module's cover flap despite the fact that the cover flap cracked the lower right side of the windshield on deployment; see **SELECTED PHOTOGRAPH #32**. Based on the contact evidence on the air bag from the infant safety seat, at impact the deploying air bag struck the right side of the infant safety seat causing it to rotate upwards toward the right front passenger. As the infant seat/child rotated into the occupant, the combination of the seat/child most likely struck her in the nose and chest, causing the reported bloody nose and her chest contusions. The only evidence on the infant seat was a blood drop to the cloth padding on the left side (see **SELECTED PHOTOGRAPH #32**) believed to be from the right front passenger. The contacted (and loaded) deploying air bag was redirected upwards striking the right front sunvisor and upper right windshield, breaking the sunvisor clamp and cracking the windshield.

The deploying right front air bag's impact to the infant seat on the right front passenger's lap most likely knocked the infant seat and the right front passenger back against her seat back. At final rest she remained in her seat, close to her original seating position, and was still holding onto the EVENFLO JOY RIDE CAR SEAT/CARRIER with the deflated air bag draped over the baby and the infant child seat.

⁸ The case vehicle's right front passenger was still in the bereavement process, and as a result, most of this contractor's questions were answered by the case vehicle's driver or their attorney.

CASE VEHICLE PASSENGER ON LAP OF RIGHT FRONT PASSENGER KINEMATICS

According to the Police Accident Report, the case vehicle's driver (i.e., father), and the right front passenger (i.e., mother on whose lap this occupant was seated), immediately prior to the crash the "on-lap" infant passenger was abnormally⁹ postured. The infant was laying in a reclined position in an EVENFLO JOY RIDE CAR SEAT/CARRIER secured by the infant seat's integrated three-point harness. The safety seat was positioned sideways on the right front occupant's lap with her face towards the driver. According to the right front occupant (i.e., mother), she was holding the infant safety seat on her lap with both hands.

As a result of the case vehicle's attempted avoidance maneuver (i.e., braking) and the right front passenger's nonuse of her available safety belts, the "on-lap" infant most likely moved forward just prior to impact. According to the case vehicle's driver and the right front occupant, upon recognition of the impending impact, the right front passenger held the left side of the infant safety seat close to her chest and possibly tilted the infant seat away from the dash and the deploying air bag. If this tilting occurred, then this action would have enabled the deploying air bag to catch the underneath part of the infant seat/carrier lifting (flipping) it upwards.

Based on occupant kinematic principles (i.e., PDOF=360) and the contact evidence on the right front air bag, the case vehicle's impact with vehicle #2, not only deployed the right front passenger side air bag, but thrust the "on-lap" infant forward and slightly upward where the deploying air bag struck the right side of the infant safety seat causing it to move upward toward the right front passenger's head/face area. The air bag's impact on the right side of the infant safety seat most likely caused the infant's head to strike the inside of the infant seat resulting in the blunt trauma to the seven-day old's head (i.e., non-anatomic brain injury and depressed skull fracture).

An inspection of the infant safety seat revealed cracks to the right side and several broken pieces to the underside of the EVENFLO JOY RIDE CAR SEAT/CARRIER. The damage to the infant safety seat was almost certainly caused by the seat's impact with the deploying right front air bag; see **SELECTED PHOTOGRAPHS #45 through #50**

The deploying right front air bag's impact to the infant seat on the right front passenger's lap most likely knocked the infant seat and the right front passenger back against her seat back. According to the case vehicle's driver and right front passenger, at final rest the infant remained in the infant safety seat on the right front occupant's lap with the three-point integral harness fastened and the deflated air bag draped over this occupant and her seat.

CASE VEHICLE LEFT REAR PASSENGER KINEMATICS

According to the case vehicle's driver (i.e., father), immediately prior to the crash the left rear passenger was normally postured (i.e., seated upright with her back against the seat back of her forward-facing child safety seat, her feet hanging down over the case vehicle's rear seat, and both of arms in her lap). According to the case vehicle's driver and the vehicle inspection, the left rear passenger's seat track was not adjustable. According to the Police Accident Report and

⁹ According to NASS CDS protocol, the position and restraint usage of the child safety seat determines the infant's posture. How the infant was actually positioned in the infant seat is not a consideration.

CASE VEHICLE LEFT REAR PASSENGER KINEMATICS (CONTINUED)

driver's interview, she was secured in a forward-facing child safety seat which was restrained by her available, active, three-point, lap and shoulder belt.

As a result of the case vehicle's attempted avoidance maneuver (i.e., braking) and the use of her child safety seat and available safety belts, the left rear passenger most likely moved slightly forward just prior to impact.

Based on the vehicle inspection, the interview with the case vehicle's driver, and occupant kinematic principles (i.e., PDOF=360), the case vehicle's impact with vehicle #2 thrust the left rear passenger forward loading the shield of her safety seat. An inspection of the left rear seating area revealed no evidence of occupant contacts; see **SELECTED PHOTOGRAPHS #55 through #57**. The child's safety restraints most likely prevented this ten month-old child from sustaining any injuries.

As a result of the combination of the child safety seat's restraints and the vehicle's safety belts, the left rear passenger most likely rebounded after the impact back towards her original seated position. The left rear passenger's exact posture at final rest is unknown, but the case vehicle's driver reported no injuries.

CASE VEHICLE RIGHT REAR PASSENGER KINEMATICS

According to the case vehicle's driver, immediately prior to the crash the right rear passenger (i.e., cousin) was normally postured (i.e., seated upright with his back against the seat back, his feet on the floor, and both of arms in his lap). According to the case vehicle's driver and the vehicle inspection, the right rear passenger's seat track was not adjustable. According to the driver's interview, he was not using his available, active, three-point, lap and shoulder belt.

As a result of the case vehicle's attempted avoidance maneuver (i.e., braking) and the nonuse of his available safety belts, the right rear passenger most likely moved forward just prior to impact.

Based on the vehicle inspection, the interview with the case vehicle's driver, and occupant kinematic principles (i.e., PDOF=360), the case vehicle's impact with vehicle #2 thrust the right rear passenger forward impacting the back of the right front passenger's seat back. An inspection of the right rear seating area revealed no evidence of occupant contacts; see **SELECTED PHOTOGRAPHS #55 through #57**.

As a result of impacting the back of the right front passenger's seat back, the left rear passenger most likely rebounded after the impact back towards his original seated position. The right rear passenger's exact posture at final rest is unknown, but the case vehicle's driver reported no injuries.

AIR BAG SYSTEM (CONTINUED)

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Upper Cover Flap Dimensions:	Width: Top 24 cm (9.4 in) Bottom 17 cm (6.7 in) Height: 11 cm (4.3 in)	Width: 32 cm (12.6 in) Height: 17 cm (6.7 in)
Lower Cover Flap Dimensions:	Width: 17 cm (6.7 in) Height: 7 cm (2.8 in)	Not applicable
Distance between Dash and leading (i.e., closest) edge of Module's Cover Flap:	Not applicable	1 cm (0.4 in)
Generant Residue:	No unusual amount found	No unusual amount found

Appendix A:

RECONSTRUCTION PROGRAM RESULTS:

SMASH
(DAMAGE ONLY ALGORITHM)

EDCRASH
(DAMAGE ONLY ALGORITHM)

SMASH
(DAMAGE ONLY ALGORITHM
— INCLUDING
BARRIER EQUIVALENT SPEEDS)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

SMASH PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10

Primary
Sampling Unit

9617

Case No.-Stratum

Accident Event
Sequence No.

1 1 96

Date (Month, day, year) of Run

GENERAL INFORMATION

VEHICLE 1

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

1995

FORD

ESCORT LX

43

12 F D E W I

\pm 000°

\pm 280°

VEHICLE 2

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

1987

NISSAN

MAXIMA

43

6 B Y L W I

\pm 170°

\pm 275°

VEHICLE SPECIFICATIONS

VEHICLE 1

Wheelbase

Overall Length

Overall Width

Weight

1110 + 218 + 7 = 1335 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

250 cm

434 cm

169 cm

1.9 L

FWD

1

9

VEHICLE 2

Wheelbase

Overall Length

Overall Width

Weight

1379 + 63 + 0 = 1442 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

255 cm

461 cm

169 cm

3.0 L

FWD

3

3

DAMAGE INFORMATION

VEHICLE 1

Damage Known?

Damage Length

Damage Offset

Crush Depth:

140 Y cm

\oplus 18 cm

C1 1 cm

C2 1 cm

C3 1 cm

C4 1 cm

C5 2 cm

C6 2 cm

VEHICLE 2

Damage Known?

Damage Length

Damage Offset

Crush Depth:

150 Y cm

\oplus 022 cm

C1 1 cm

C2 1 cm

C3 3 cm

C4 1 cm

C5 0.1 cm

C6 0 cm

SCENE INFORMATION

Rest and Impact Positions ☐ No ☐ Yes

VEHICLE 1

Rest X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Impact X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Slip Angle (-180 to +180) _____ °

VEHICLE 2

Rest X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Impact X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Slip Angle (-180 to +180) _____ °

VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

VEHICLE 1

Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ YesSustained Contact ☐ No ☐ Yes

VEHICLE 2

Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ Yes

FRICTION INFORMATION

Coefficient of Friction _____

Rolling Resistance Option _____

1

Vehicle 1 Rolling Resistance

LF _____
 RF _____
 LR _____
 RR _____

Vehicle 2 Rolling Resistance

LF _____
 RF _____
 LR _____
 RR _____

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate
 damage sketch and dimensions to the form

██████████ 1996

Page 1

Summary of Results Using Damage

Special Crash Investigations, TRC/IU 96-17, Task 0056

Speed Change (Damage)

Vehicle #1

Total 13 km/h (8 mph)
Longitudinal -13 km/h (-8 mph)
Latitudinal 0 km/h (0 mph)
PDOF Angle 0 $\frac{1}{2}$
Energy Dissipated = 8110 Joules (5981 Ft-Lb)
Barrier Equivalent Speed = 12.2 km/h (7.6 mph)
Calculated using size and stiffness categories.

Vehicle #2

Total 12 km/h (7 mph)
Longitudinal 12 km/h (7 mph)
Latitudinal 2 km/h (1 mph)
PDOF Angle -170 $\frac{1}{2}$
Energy Dissipated = 8402 Joules (6196 Ft-Lb)
Barrier Equivalent Speed = 12.2 km/h (7.6 mph)
Calculated using size and stiffness categories.

General Information

	Vehicle #1 áááááááááááá	Vehicle #2 áááááááááááá
Year	1995	1987
Make	Ford	Nissan
Model	Excort LX	Maxima
CDC	12FDEW1	06BYLW1
Side Damaged	F	B
PDOF Angle	0 $\frac{1}{2}$	-170 $\frac{1}{2}$
Heading Angle	280 $\frac{1}{2}$	275 $\frac{1}{2}$

Calculation method:	Size and Stiffness	Size and Stiffness
Size Category	1	3
Stiffness Category	9	3
Vehicle Weight	1335 kgs (2943 lbs)	1442 kgs (3179 lbs)

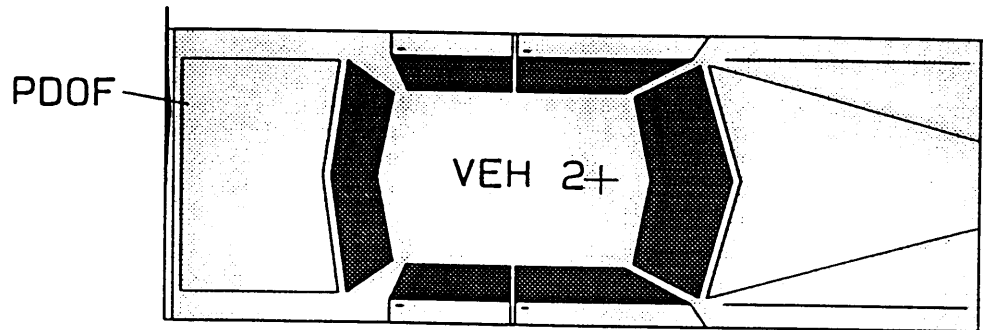
Damage Information

	Vehicle #1	Vehicle #2
	áááááááááááá	áááááááááááá
Vehicle Damage Known	Yes	Yes
Crush Length	140.0 cm (55 in)	150.0 cm (59 in)
C1	1.0 cm (0 in)	1.0 cm (0 in)
C2	1.0 cm (0 in)	1.0 cm (0 in)
C3	1.0 cm (0 in)	3.0 cm (1 in)
C4	1.0 cm (0 in)	1.0 cm (0 in)
C5	2.0 cm (1 in)	0.1 cm (0 in)
C6	2.0 cm (1 in)	0.0 cm (0 in)
D	18.0 cm (7 in)	-21.9 cm (-9 in)
D'	29.1 cm (11 in)	-40.3 cm (-16 in)

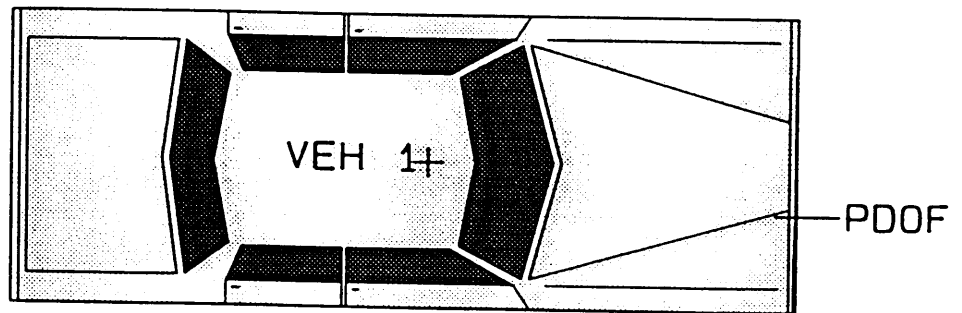
Vehicle Dimensions

	Vehicle #1	Vehicle #2
	áááááááááááá	áááááááááááá
Length	434.0 cm (171 in)	461.0 cm (181 in)
Width	169.0 cm (67 in)	169.0 cm (67 in)
Wheelbase	250.0 cm (98 in)	255.0 cm (100 in)
Weight	1335 kgs (2943 lbs)	1442 kgs (3179 lbs)
CG to Front of Veh	193.0 cm (76 in)	228.1 cm (90 in)
Engine Displacement	1.9 liters	3.0 liters
Moment of Inertia	227174 kgs (20108 lbs)	276863 kgs (24506 lbs)
Vehicle Mass	1335 kgs (7.7 lb-s^2/in)	1442 kgs (8.3 lb-s^2/in)

1987 Nissan Maxima



1995 Ford Excort LX



Special Crash Investigations, TRC/IU 96-17, Task 0056
[REDACTED], 1996

EDCRASH
(DAMAGE ONLY ALGORITHM)

MESSAGES:

VEHICLE # 1

IMPACT SPEED km/h		SPEED CHANGE km/h			BASIS FOR RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND DAMAGE
		16.3	-16.3	0.0	DAMAGE DATA ONLY

VEHICLE # 2

IMPACT SPEED km/h		SPEED CHANGE km/h			BASIS FOR RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND DAMAGE
		15.1	14.9	2.6	DAMAGE DATA ONLY

SUMMARY OF DAMAGE DATA

(NOTE: '***' indicates default value)

	Vehicle #1	Vehicle #2
CLASS / STIFFNESS CATEGORIES	1 / 9	3 / 3
WEIGHT	1335.0 kg	1442.0 kg
CDC	12FDEW1	06BYLW1
DAMAGE WIDTH	140.0 cm	150.0 cm
CRUSH DEPTH 1	1.0 cm	1.0 cm
CRUSH DEPTH 2	1.0 cm	1.0 cm
CRUSH DEPTH 3	1.0 cm	3.0 cm
CRUSH DEPTH 4	1.0 cm	1.0 cm
CRUSH DEPTH 5	2.0 cm	0.1 cm
CRUSH DEPTH 6	2.0 cm	0.0 cm
DAMAGE MIDPOINT OFFSET	18.0 cm	-22.0 cm
DAMAGE ENERGY	12738.2 Joules	14571.6 Joules
MAGNITUDE OF PRINCIPAL FORCE	96266.7 N	114557.8 N
DIRECTION OF PRINCIPAL FORCE	0.0 deg	-170.0 deg
MOMENT ARM OF PRINCIPAL FORCE	29.1 cm	-7.0 cm
DAMAGE CENTROID	29.1 cm	-40.4 cm

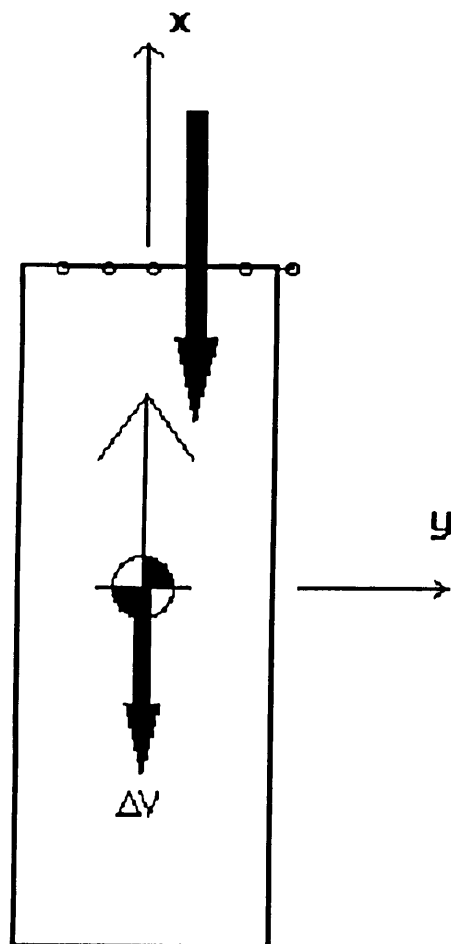
DIMENSIONAL, INERTIAL AND CRUSH STIFFNESS PROPERTIES

(NOTE: '***' indicates default value)

	Vehicle #1		Vehicle #2	
CG TO FRONT AXLE	114.6 cm	**	130.3 cm	**
CG TO REAR AXLE	122.2 cm	**	141.0 cm	**
TRACKWIDTH	129.8 cm	**	149.6 cm	**
YAW MOMENT OF INERTIA	1726.4 kg-m ²	**	3090.0 kg-m ²	**
MASS	1332.8 kg		1439.6 kg	
BODY LENGTH FROM CG TO FRONT	193.0 cm	**	228.1 cm	**
BODY LENGTH FROM CG TO REAR	-212.9 cm	**	-270.3 cm	**
BODY OVERALL WIDTH	154.4 cm	**	184.4 cm	**
CRUSH STIFFNESSES:				
	A	B	A	B
	lb/in	lb/in ²	lb/in	lb/in ²
	373.4 **	37.7 **	410.3 **	43.6 **

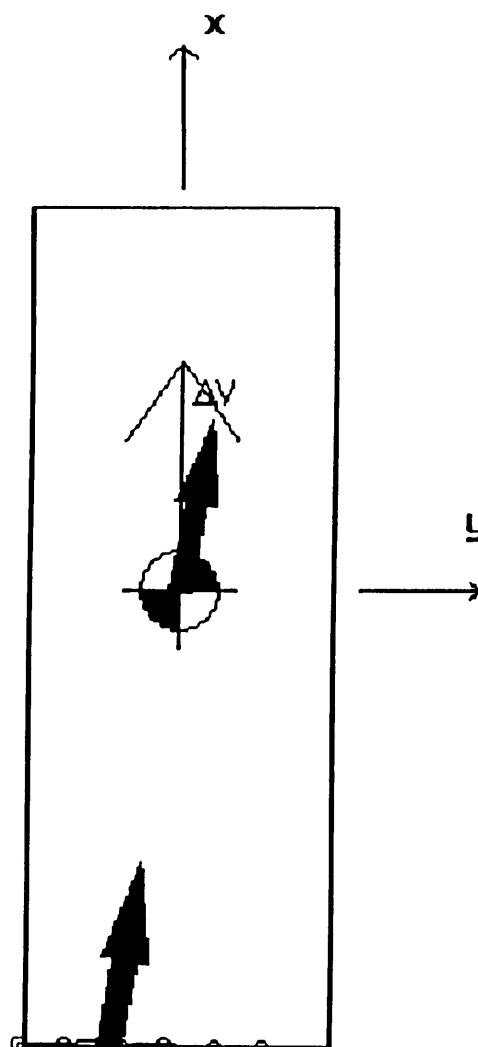
25

Vehicle No. 1



CDC/PDOF: 12FDEW1 0.0 deg
Max Impact Force: 96267 N

Vehicle No. 2



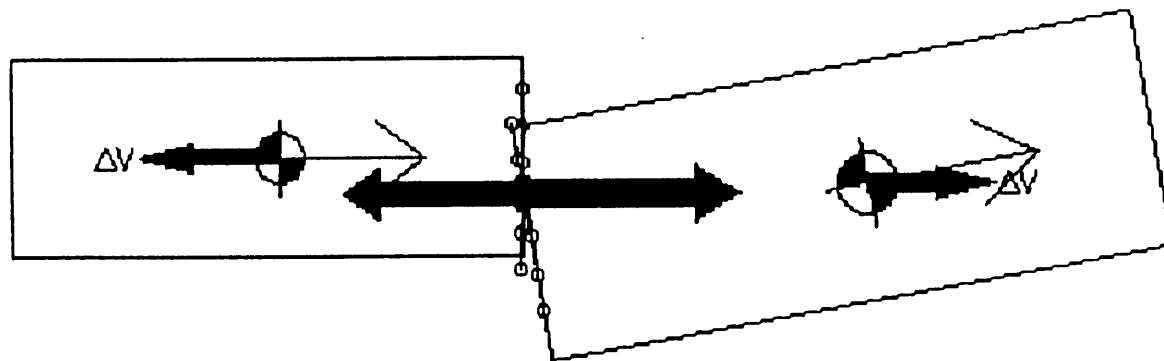
CDC/PDOF: 6BYLW1 -170.0 deg
Max Impact Force: 114558 N



EDCRASH Damage Profiles

	Ueh #1	Ueh #2
Delta-U (km/h):		
X	-16.3	14.9
Y	0.0	2.6
Tot	16.3	15.1

Crush Data (cm):		
W	140.0	150.0
D	18.0	-22.0
C1	1.0	1.0
C2	1.0	1.0
C3	1.0	3.0
C4	1.0	1.0
C5	2.0	0.1
C6	2.0	0.0



EDCRASH
At Impact

	Ueh #1	Ueh #2
Delta-U (km/h)		
(BASIS: Damage)		
X	-16.3	14.9
Y	0.0	2.6
Tot	16.3	15.1
PDOF	0.0	-170.0

UNITS: km/h,m,deg

(NO SCENE DATA)

Appendix B:

SELECTED PHOTOGRAPHS

A total of sixty-eight color copies of photographs are presented and referenced as Photograph #01 through Photograph #68. Photograph numbered #54 was taken and made available by the applicable city police department. The remainder of these photographs were taken by the Transportation Research Center.



01: Case Vehicle's westward travel path in inside, westbound lane approximately 30 meters (98 feet) east of impact



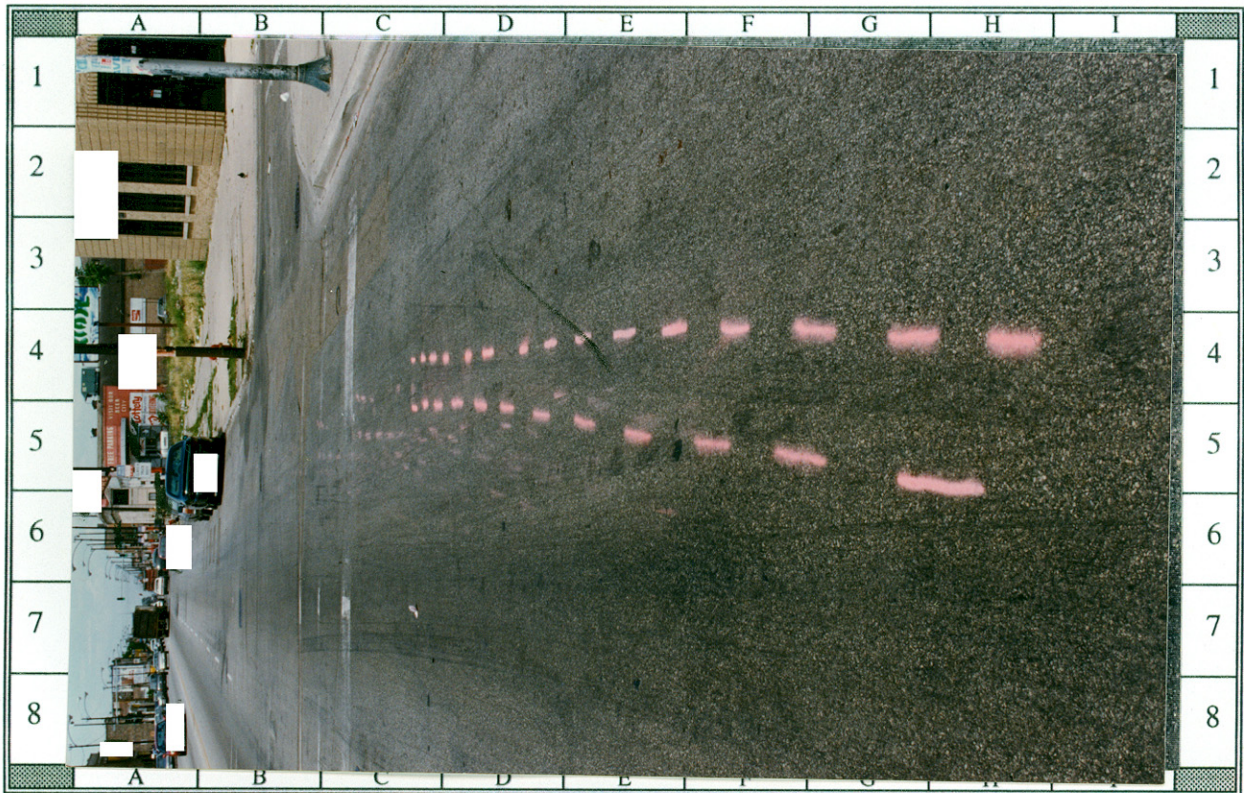
02: Case vehicle's westward travel path in inside, westbound lane approximately 20 meters (66 feet) east of impact



03: Case Vehicle's west-northwestward travel path while changing to the outside, westbound lane approximately 10 meters (33 feet) east of impact



04: Case Vehicle's west-northwestward travel path in outside, westbound lane approximately 5 meters (16 feet) east of impact



05: Westward view of Case Vehicle's right front skidmark in the outside, westbound lane approximately 3 meters (10 feet) east of impact area



06: Eastward view of Case Vehicle's west-northwestward travel path and skidmark from beyond area of impact in outside, westbound lane



07: Vehicle #2's westward travel path in outside, westbound lane approximately 30 meters (98 feet) east of impact



08: Vehicle #2's westward travel path in outside, westbound lane approximately 10 meters (33 feet) east of impact



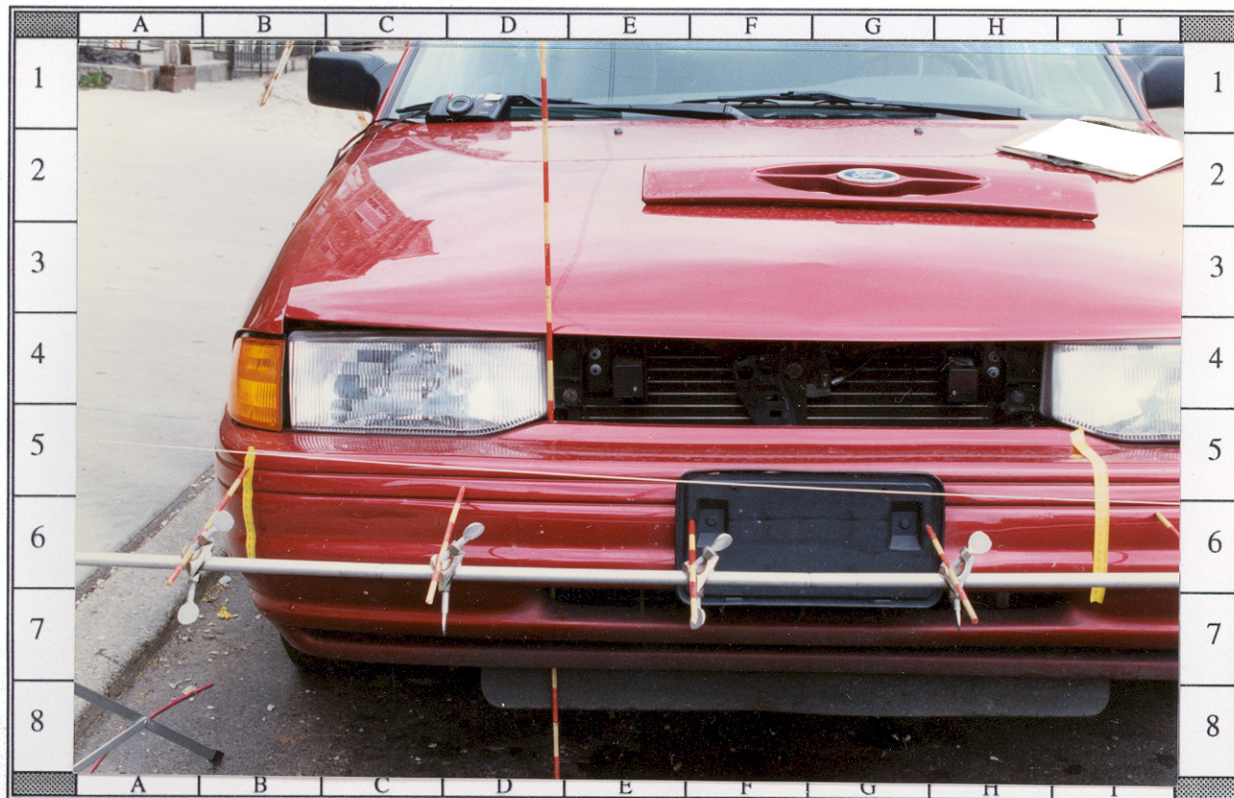
09: Vehicle #2's westward travel path in outside, westbound lane at approximate point of impact



10: Eastward view of Vehicle #2's westward travel path in the outside, westbound lane from west of impact area

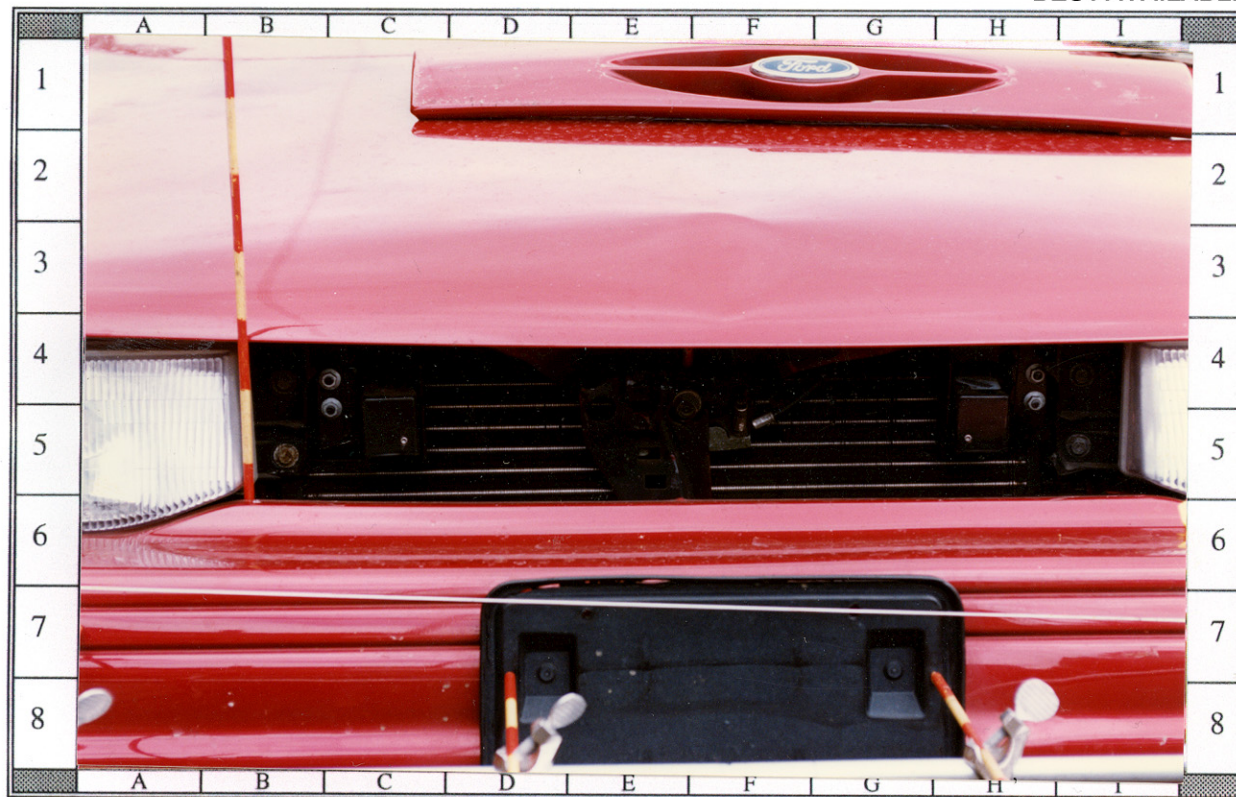


11: Case Vehicle's damaged front with contour gauge present; NOTE: yellow tape indicates width of direct damage



12: Direct damage area to Case Vehicle's front; NOTE: damage is primarily to hood, grille, and top half of bumper

Case Vehicle: 1995 Ford Escort LX, 4-Door Sedan, FWD, 5-Passenger, 1.9 L (114 in³) I-4 EFI



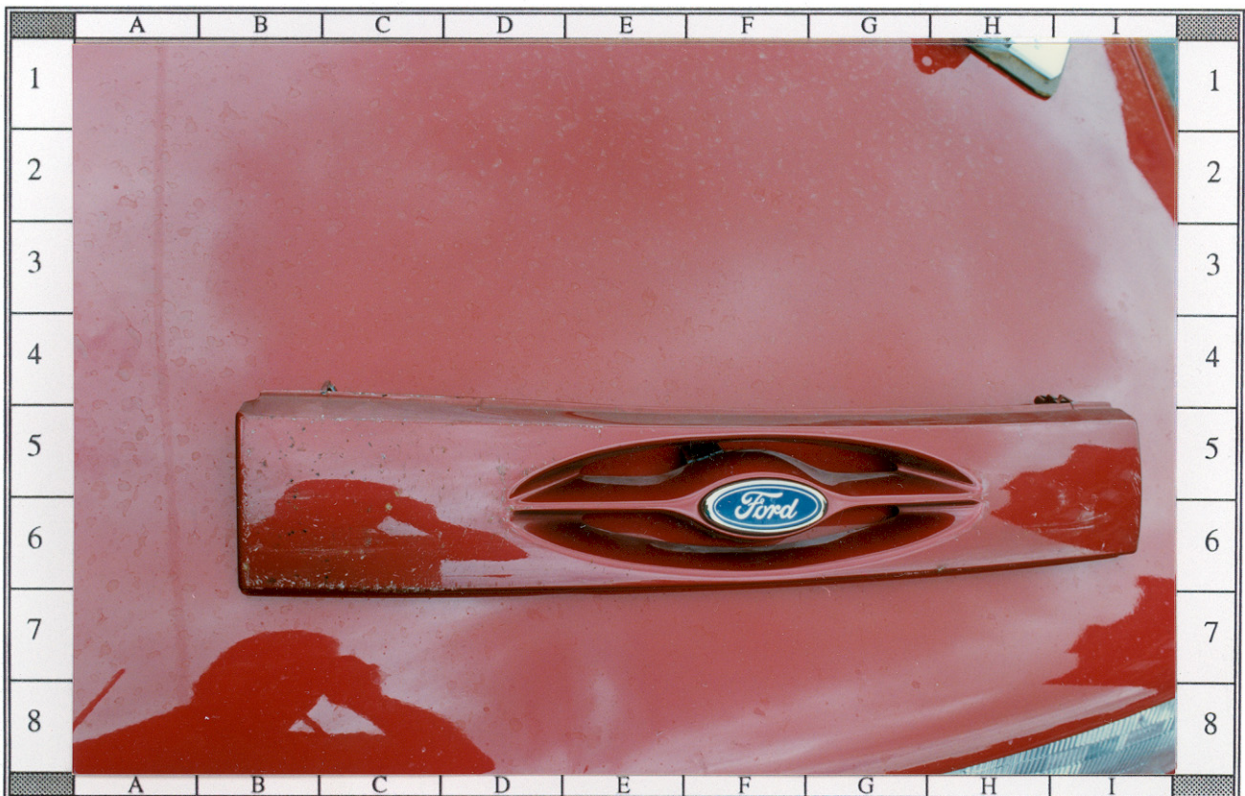
13: Close-up of Case Vehicle's damaged hood (see cells E3--F3) and grille; NOTE: air bag sensors next to radiator supports(cells C4--C5 and H4--H5)



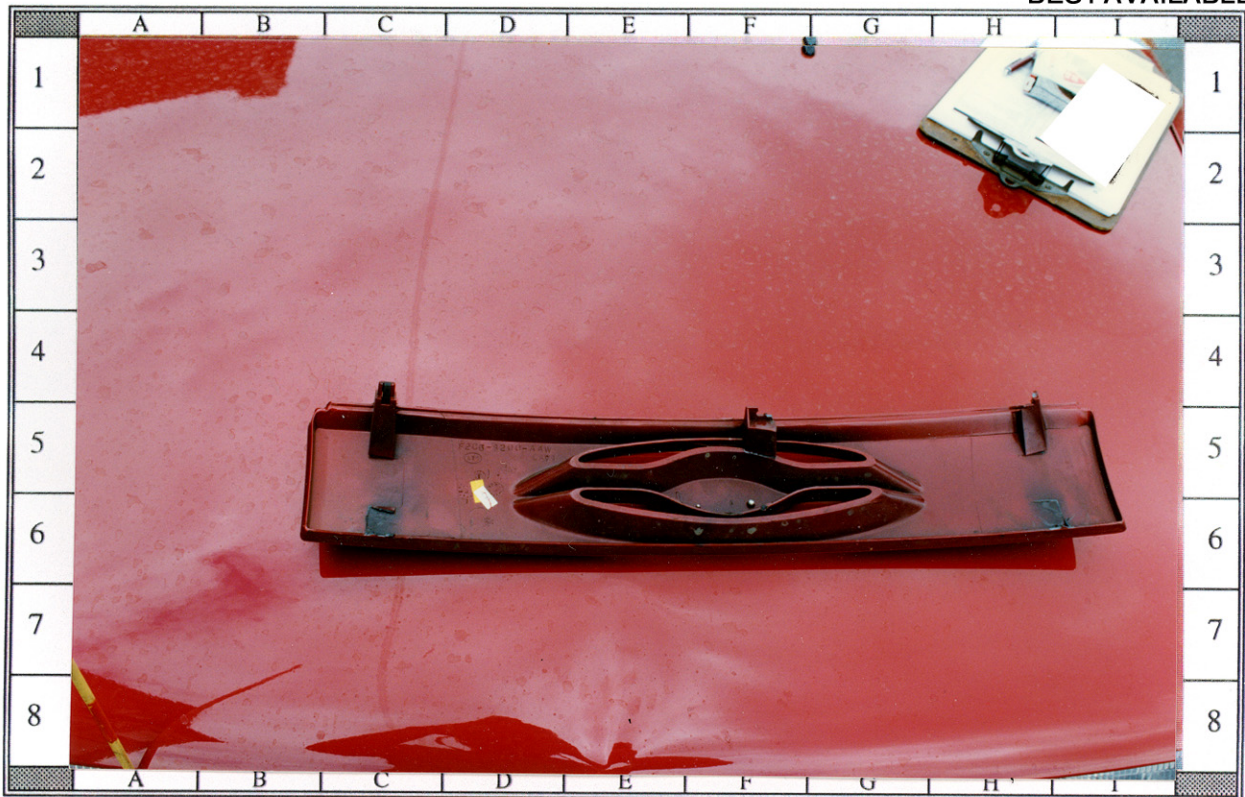
14: Close-up of Case Vehicle's bumper showing top half of bumper at left end of direct damage



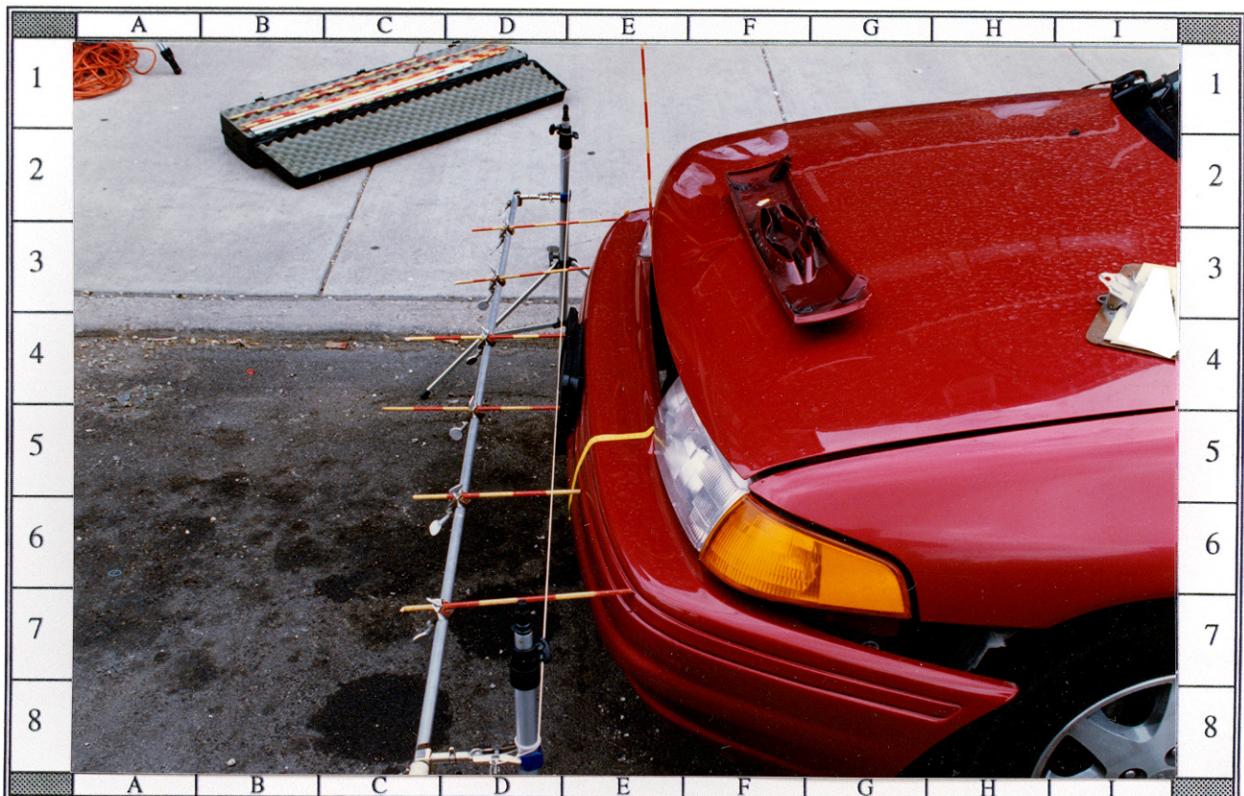
15: Case Vehicle's damaged front with contour gauge present viewed from approximately 30 degrees left of front; NOTE: undamaged headlight assemblies



16: Close-up of front side of Case Vehicle's broken out grille showing evidence of direct impact damage



17: Close-up of backside of Case Vehicle's broken out grille which most likely contacted sensors at impact



18: Reference line view of Case Vehicle's damaged front viewed from left with contour gauge present; NOTE: minimal deformation to bumper

Case Vehicle: 1995 Ford Escort LX, 4-Door Sedan, FWD, 5-Passenger, 1.9 L (114 in³) I-4 EFI

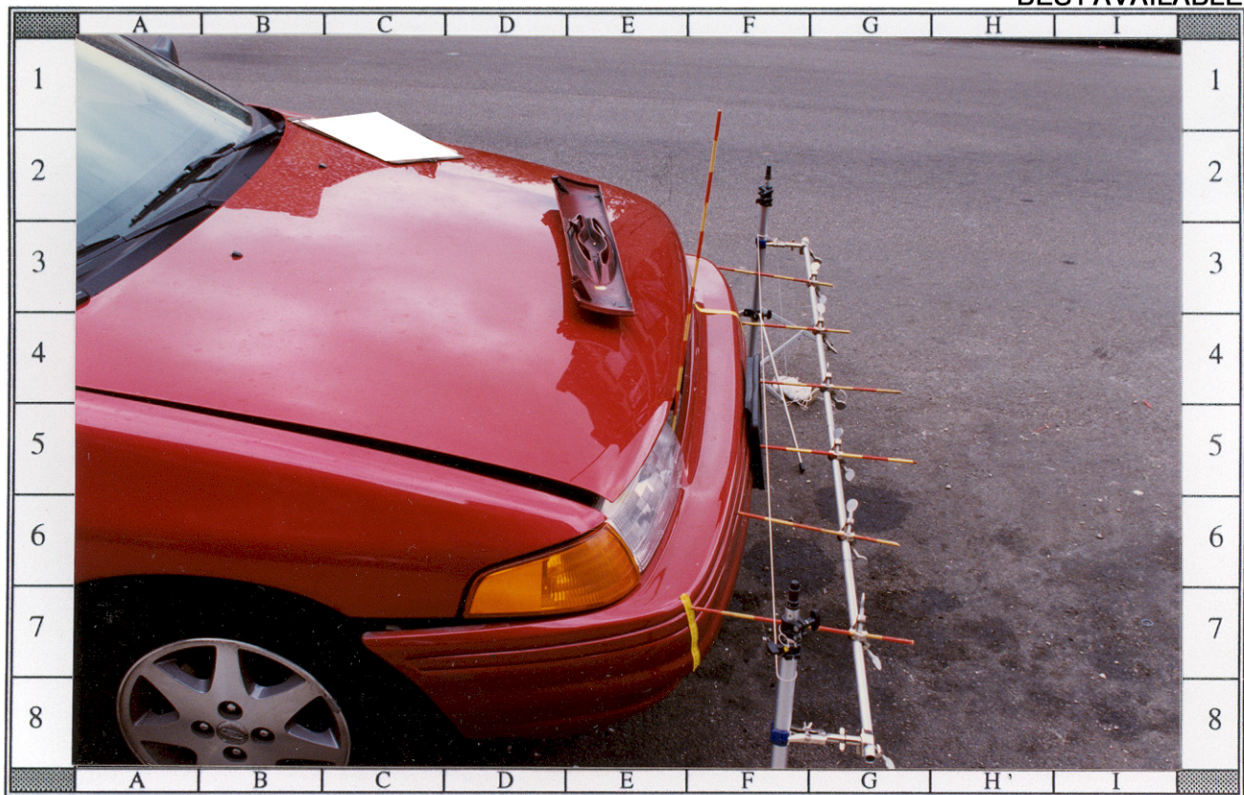


19: Case vehicle's undamaged left side and back viewed from approximately 30 degrees left of back



20: Case Vehicle's undamaged right side and back viewed from approximately 45 degrees right of back

Case Vehicle: 1995 Ford Escort LX, 4-Door Sedan, FWD, 5-Passenger, 1.9 L (114 in³) I-4 EFI



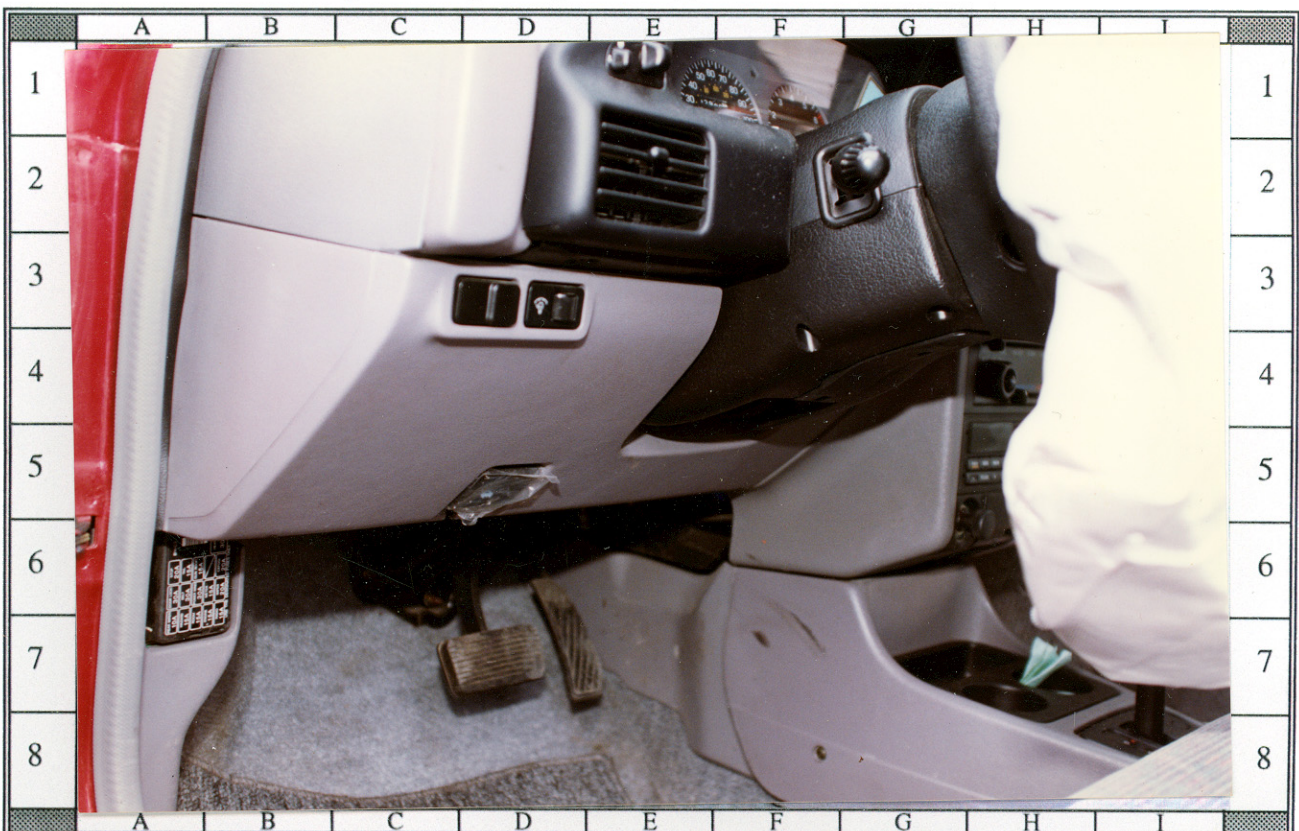
21: Reference line view of Case Vehicle's damaged front viewed from right with contour gauge present; NOTE: induced damage to right front bumper corner



22: Case Vehicle's damaged front viewed from approximately 30 degrees right of front



23: Interior surface of Case Vehicle's driver door and seating area; NOTE: deployed driver and right front passenger air bags and no contact evidence on door



24: Case Vehicle's driver seating area showing noncontacted left knee bolster and underneath side of steering column; NOTE: fuse box plastic cover ajar



25: Case Vehicle's driver seating area, left "A"-pillar, roof, left header area, center dash, and console viewed from center rear seat



26: Case Vehicle's deployed driver air bag; **NOTE:** no evidence of contact found on driver's air bag



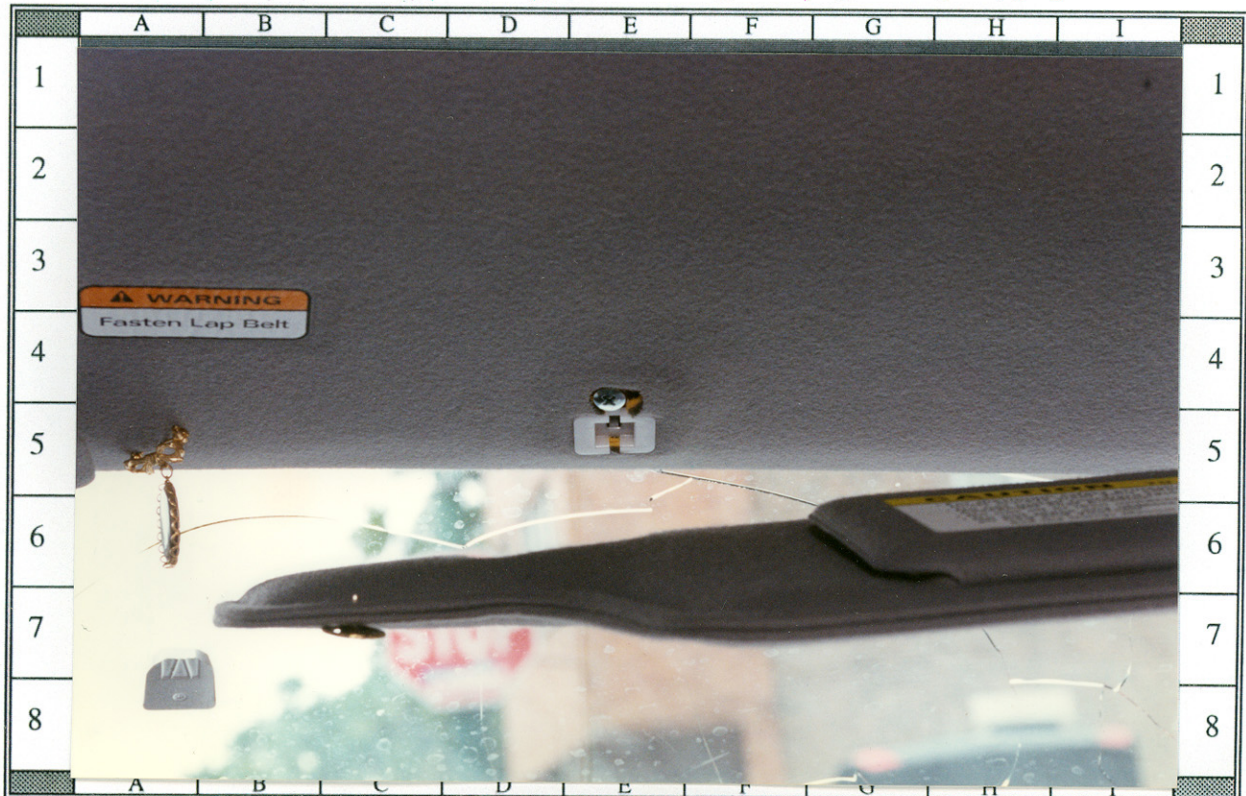
27: Case Vehicle's driver side air bag module's noncontacted top cover flap; NOTE: air bag's dual vent holes at 11 and 1 o'clock position



28: Case Vehicle's passenger seating area, right "A"-pillar, roof, right header area, and deployed right front air bag showing infant seat contact evidence on air bag



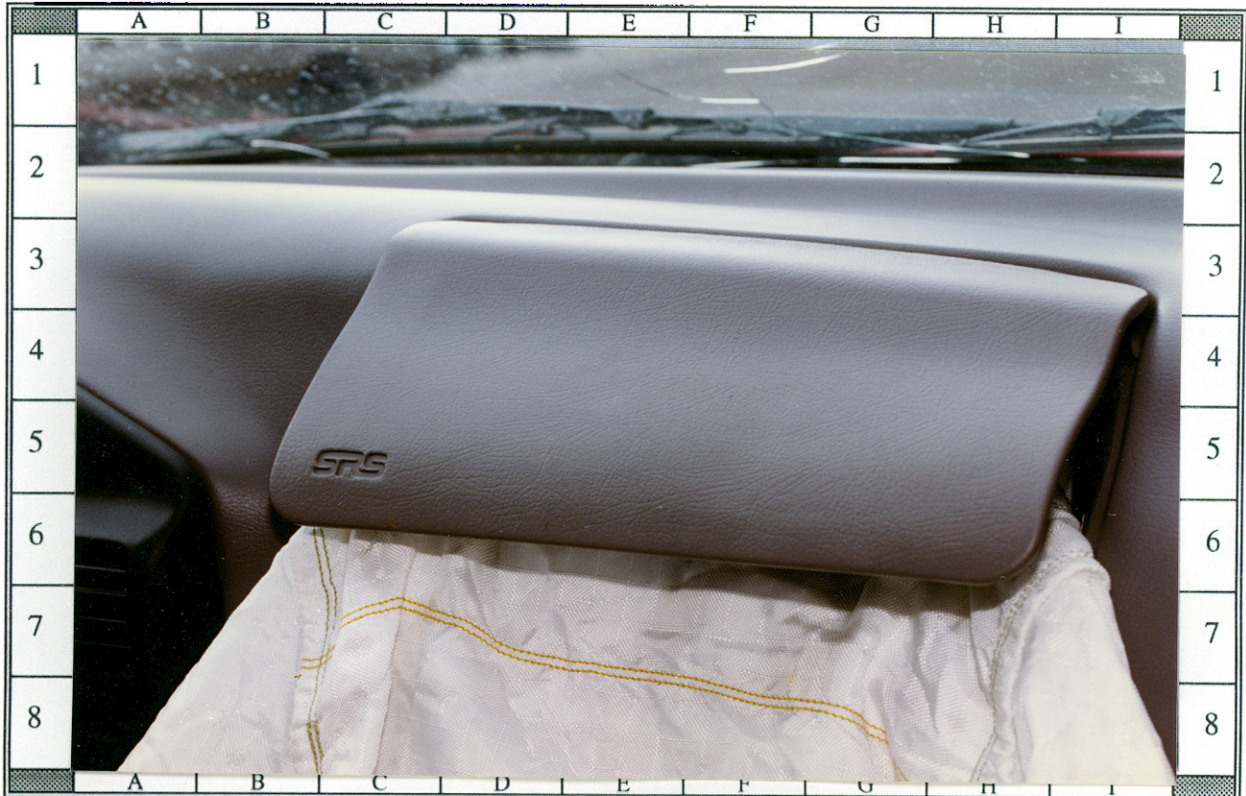
29: Close-up of Case Vehicle's cracked right windshield and broken sunvisor clasp on header; NOTE: both components damaged during air bag's deployment



30: Close-up of Case Vehicle's broken sunvisor clasp on right front header; NOTE: religious medallion hanging between sunvisors



31: Close-up of Case Vehicle's cracked right windshield; NOTE: crack was caused during deployment by right front air bag module's top cover flap



32: Close-up of Case Vehicle's right front air bag module's top cover flap showing no contact damage to flap; NOTE: flap cracked windshield during deployment



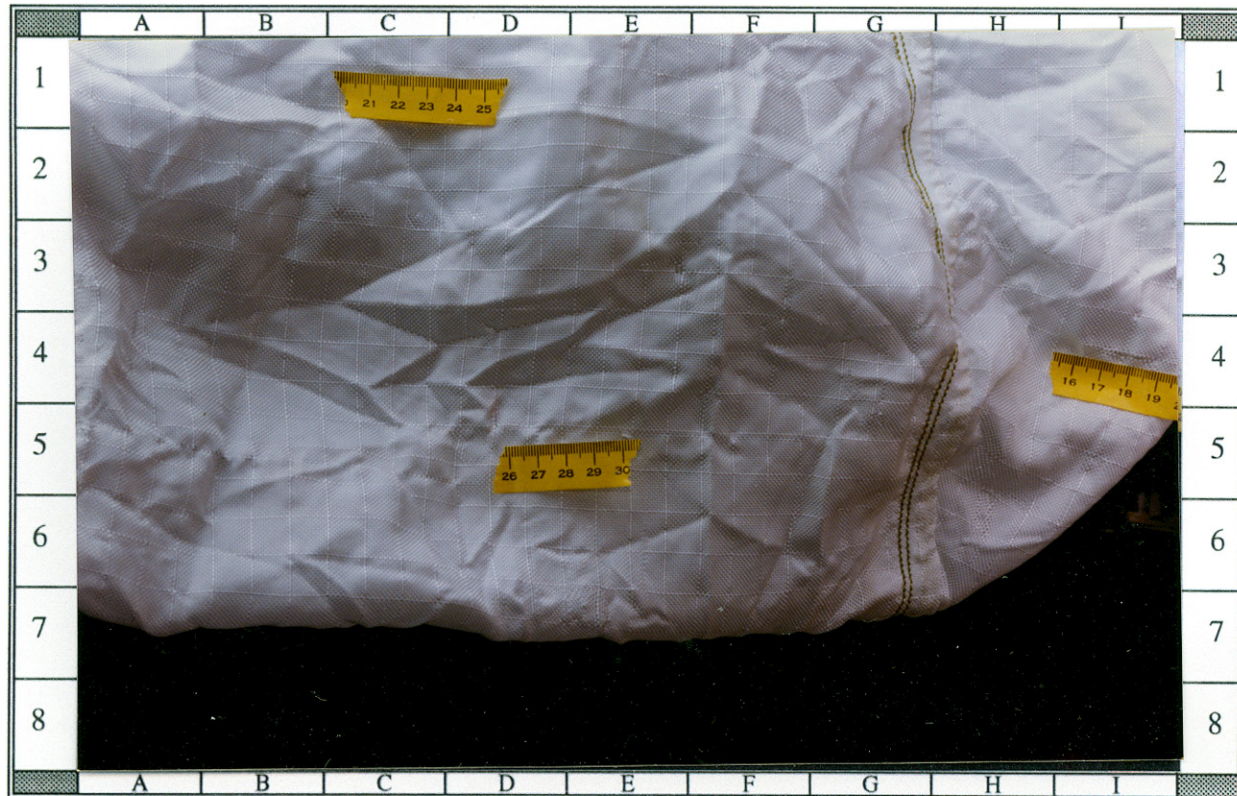
33: Case Vehicle's right front air bag showing contact evidence laterally across air bag from impact with infant car seat



34: Close-up of contact (snag) to left side of Case Vehicle's right front air bag from impact with infant car seat



35: Close-up of contact [i.e., square indentation (cells E4--E5)] to center of Case Vehicle's right front air bag from impact with infant seat



36: Close-up of contact (snag) to lower center of Case Vehicle's right front air bag from impact with infant car seat



37: Close-up of contact (snag) to right side of Case Vehicle's right front air bag from impact with infant car seat



38: Case Vehicle's deployed right front passenger air bag viewed from right highlighting contacts (snags and marks)



39: Case Vehicle's noncontacted right knee bolster and glove compartment door viewed from outside right front passenger's door



40: Case Vehicle's front seating area with deployed driver and passenger air bags viewed from outside right front passenger's door



41: Case Vehicle's front seating area with rear facing infant seat turned so that the right front air bag's contacts (snags and marks) match-up with the infant seat



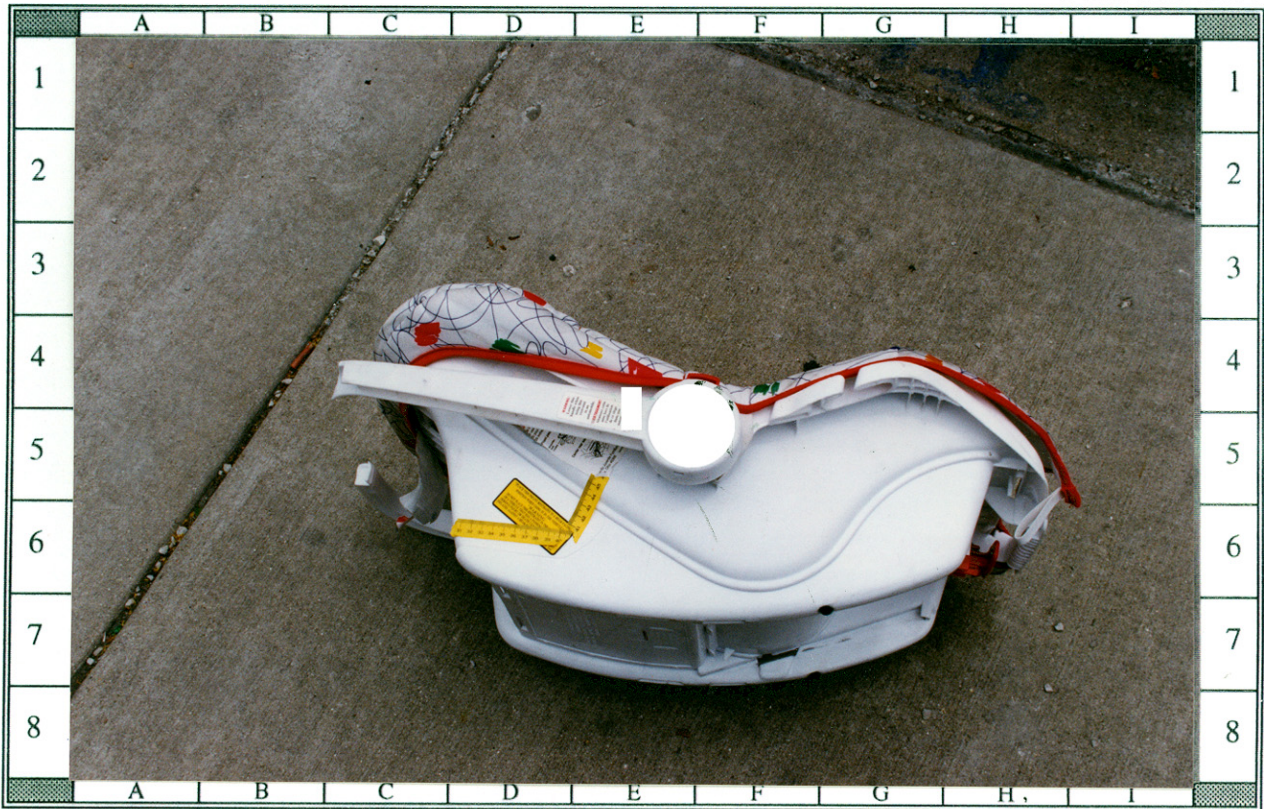
42: Closer-up view of Case Vehicle's right front seating area with rear facing infant seat turned so all the right front air bag's contact marks match



43: Frontal view of Evenflo "Joy Ride" infant safety seat that contained the deceased child who was riding on the lap of Case Vehicle's right front occupant



44: Close-up of blood spot found on left side of Case Vehicle's Evenflo "Joy Ride" infant safety seat; NOTE: blood from right front passenger (i.e., mother)



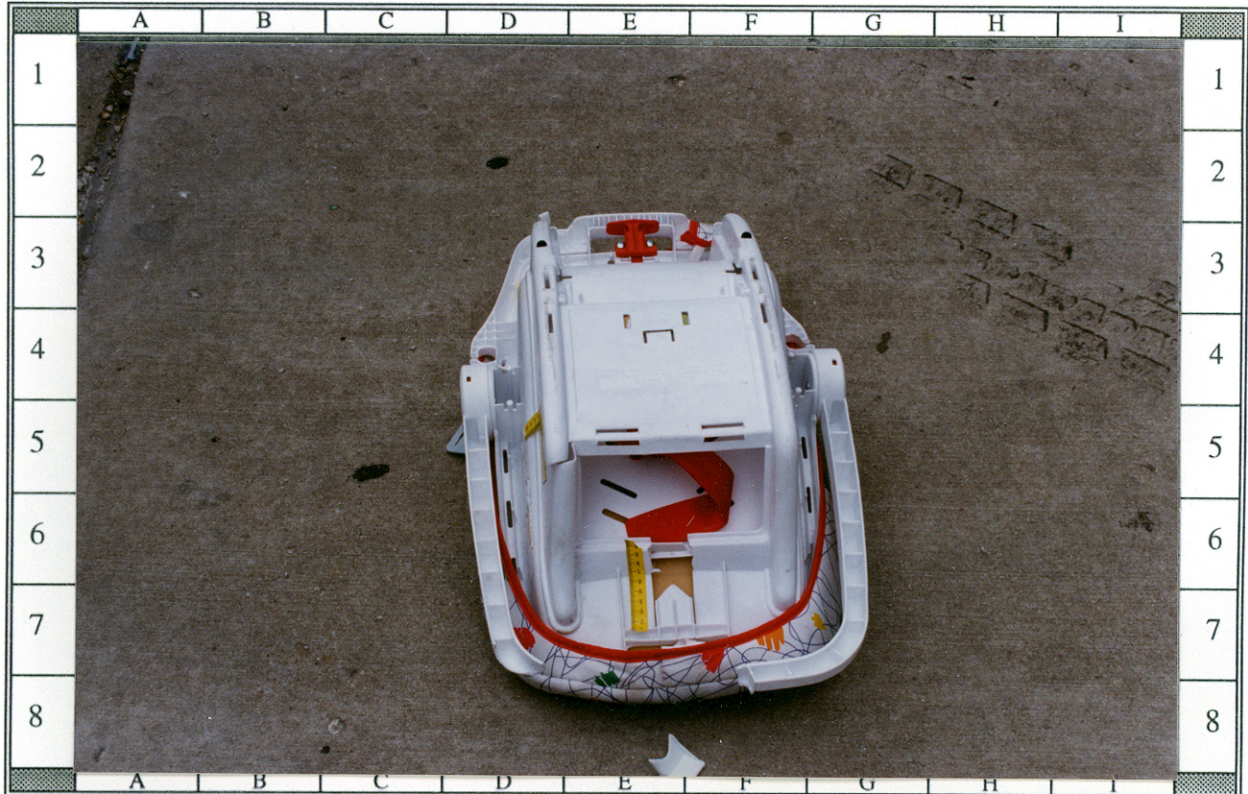
45: Damaged right side of Case Vehicle's Evenflo "Joy Ride" infant safety seat;
NOTE: cracked (near yellow tape) from deploying air bag and infant's head



46: Close-up of crack to lower right rear side of Case Vehicle's Evenflo "Joy Ride"
infant safety seat caused by deploying air bag and infant's head



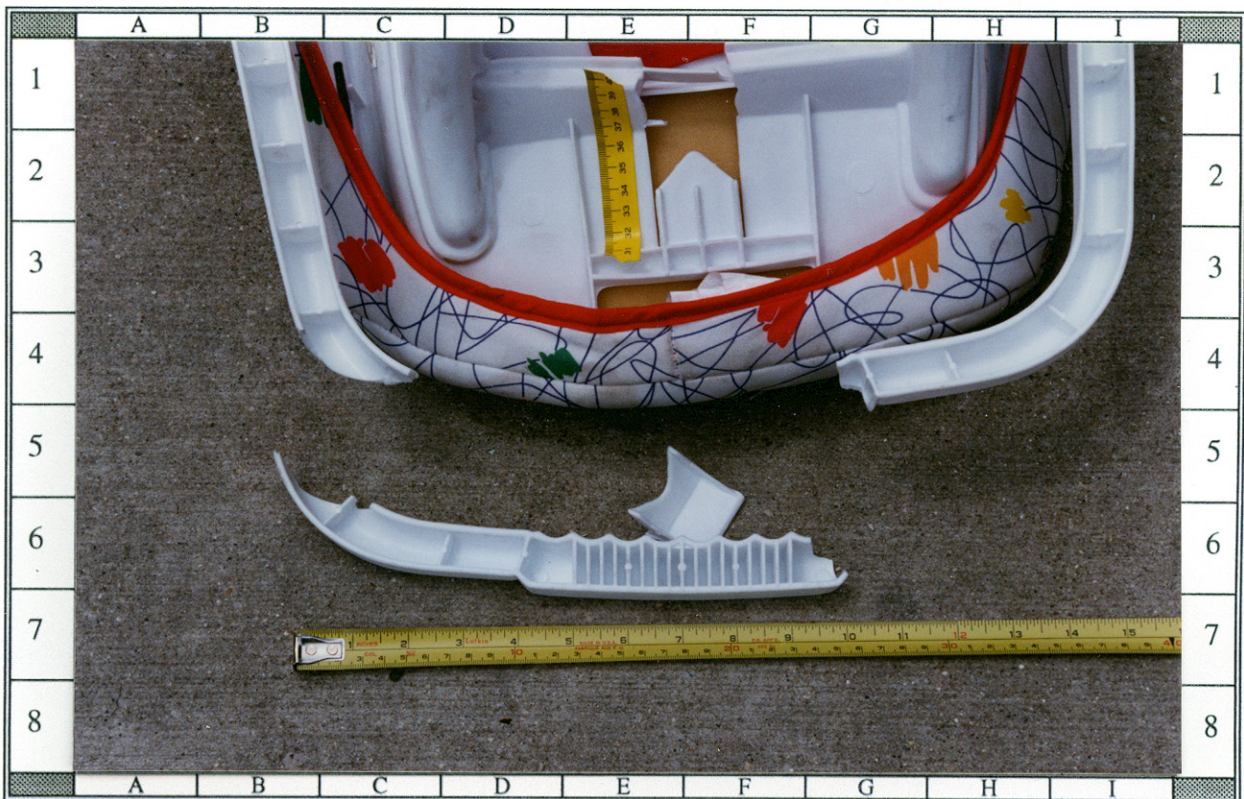
47: Overhead view of Case Vehicle's Evenflo "Joy Ride" infant safety seat from right; NOTE: carrying handle is cracked



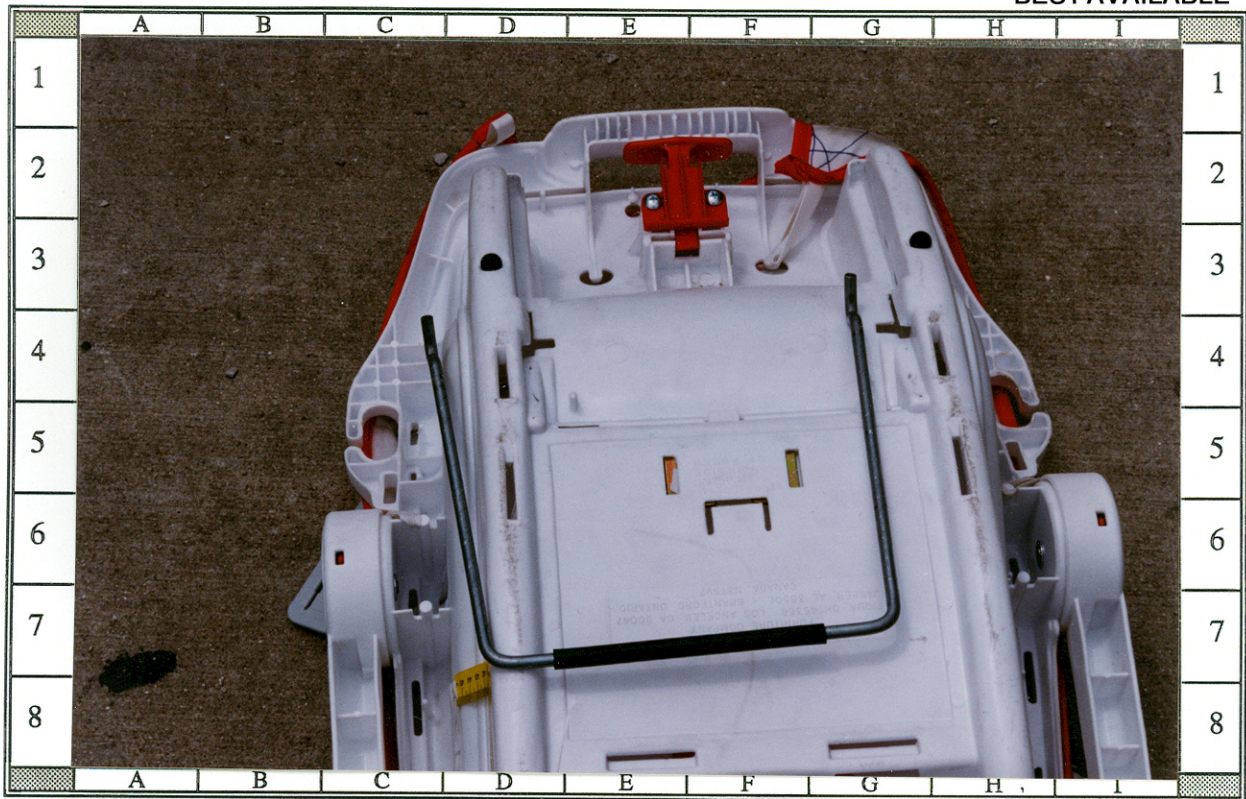
48: Back underneath view of Case Vehicle's Evenflo "Joy Ride" infant safety seat; NOTE: additional damage to underside from contact with right front air bag



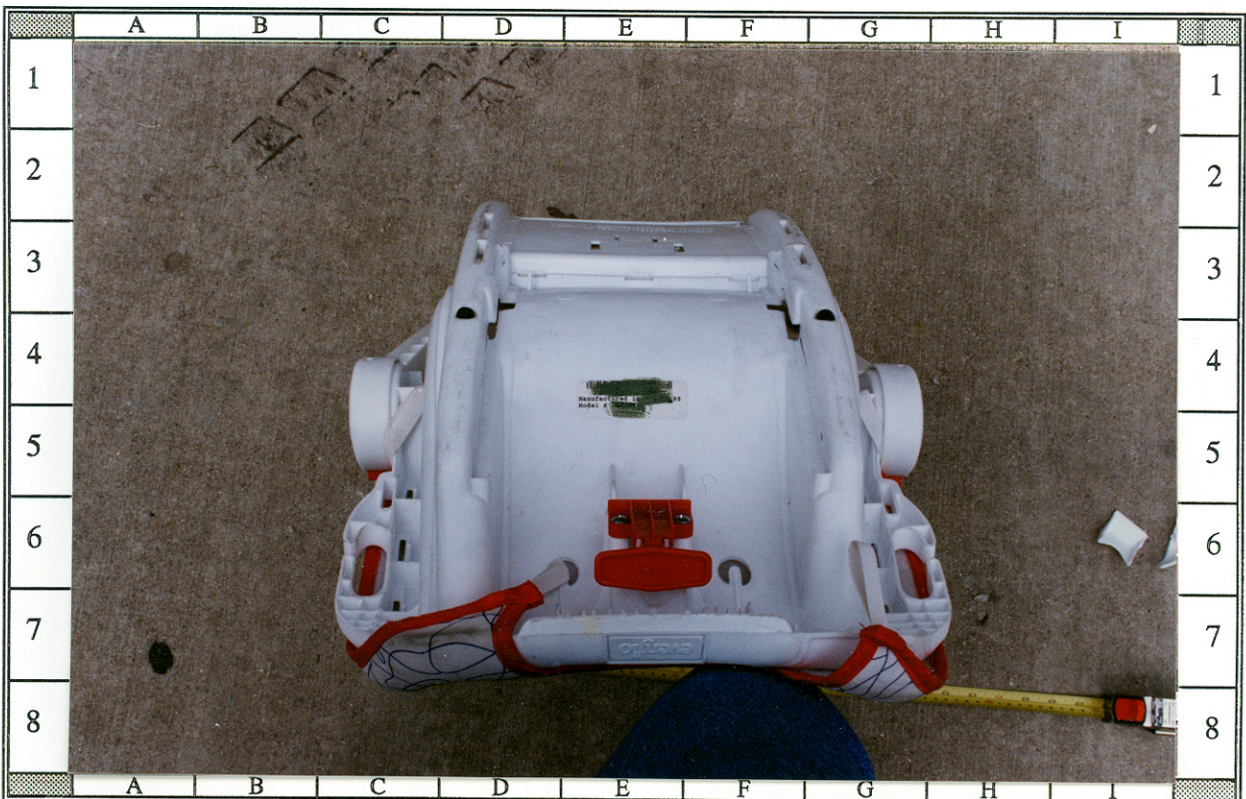
49: Back underneath close-up of Case Vehicle's Evenflo "Joy Ride" infant safety seat; NOTE: broken handle and piece (cells E5--F6) of broken square plastic



50: Closest-up view of broken handle and square piece from Case Vehicle's infant safety seat; NOTE: square piece fits air bag contact (see photo #35)



51: Back underneath close-up of Case Vehicle's Evenflo "Joy Ride" infant safety seat showing dislodged metal stand/stabilizer



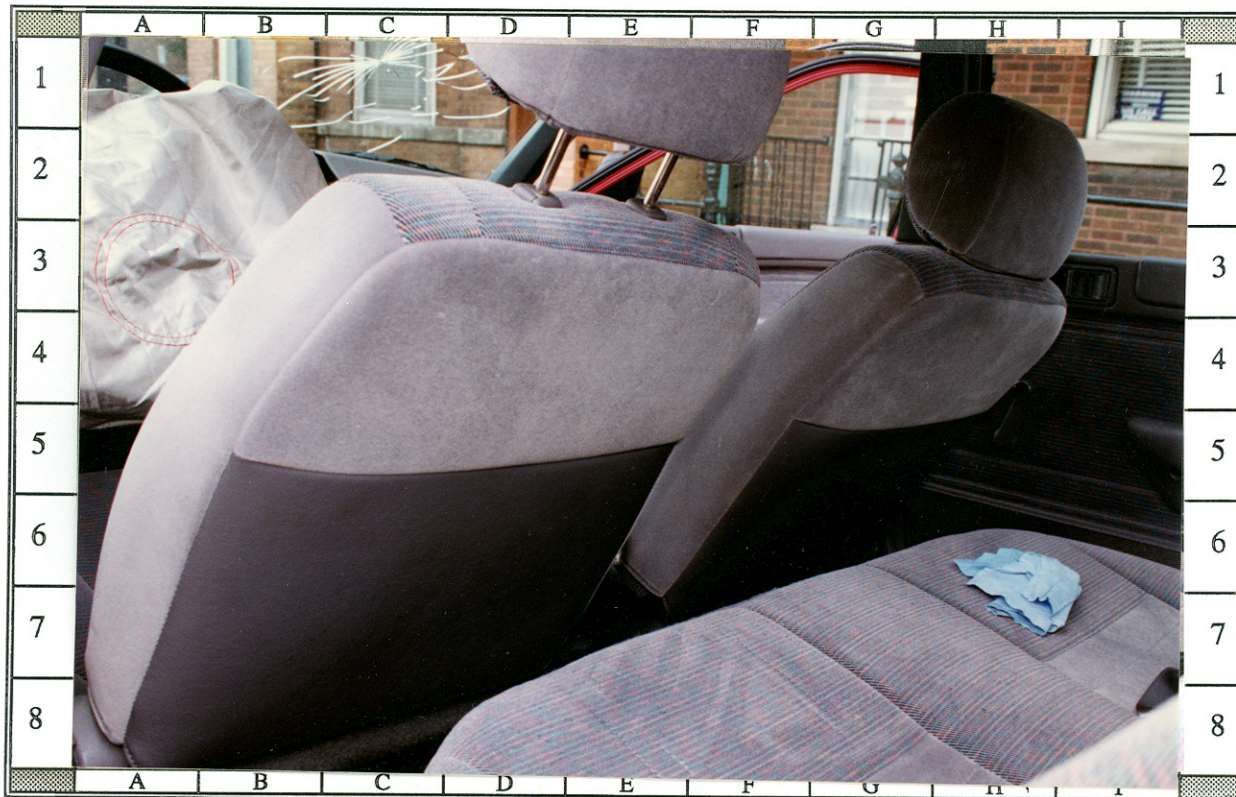
52: Front underneath close-up of Case Vehicle's Evenflo "Joy Ride" infant safety seat showing seat's date of manufacturer and serial number



53: Left side of Case Vehicle's Evenflo "Joy Ride" infant safety seat; NOTE: yellow warning sticker on side of infant carrier/car seat



54: Close-up of yellow warning sticker on left side of Case Vehicle's Evenflo "Joy Ride" infant safety seat warning against use of this seat in the right front



55: Case Vehicle's undeformed and noncontacted front seatbacks; NOTE: left rear occupant was seated in a forward-facing child safety seat



56: Case Vehicle's rear seating area viewed from left showing reclined front seats and rear outboard integral headrests and three-point safety belts



57: Case Vehicle's rear seating area viewed from right showing roof and rear, out-board, integral headrests and three-point, lap and shoulder belts



58: 1987 Nissan Maxima's undamaged front and left side viewed from approximately 30 degrees left of front

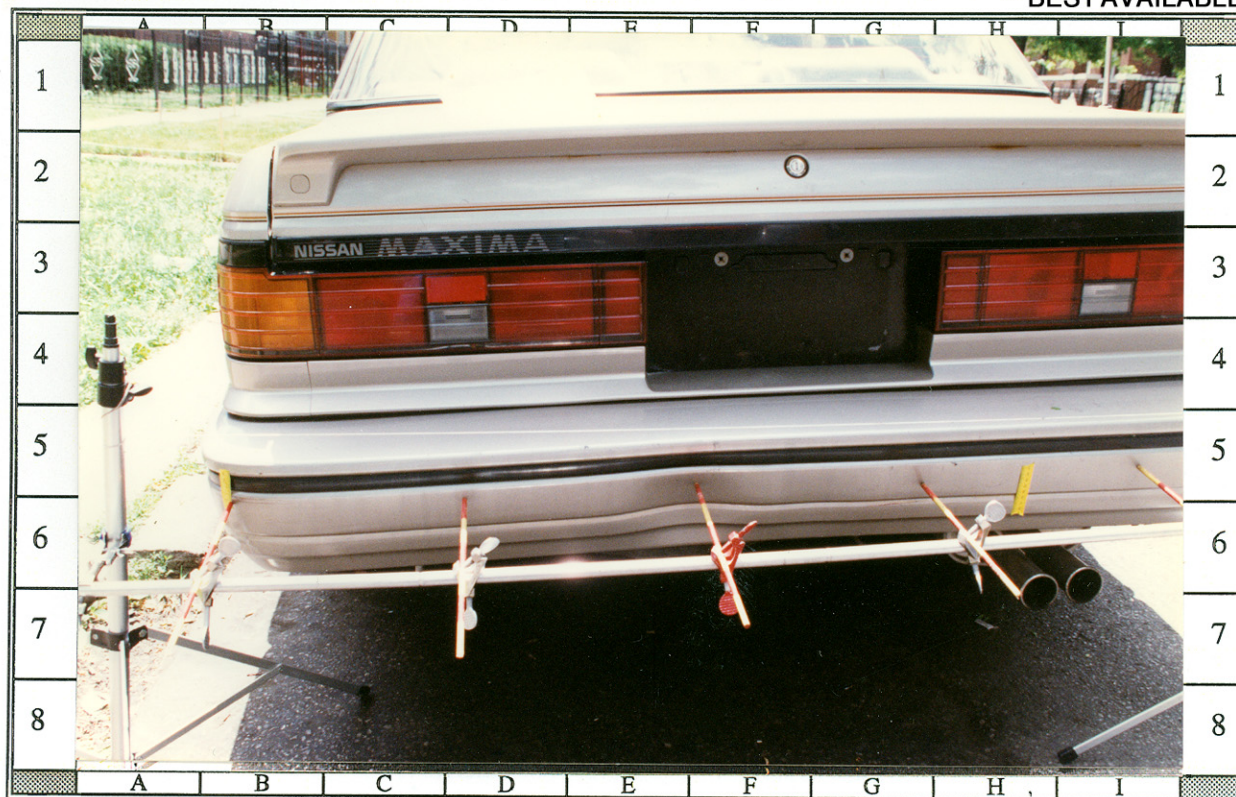
Case Vehicle: 1995 Ford Escort LX, 4-Door Sedan, FWD, 5-Passenger, 1.9 L (114 in³) I-4 EFI



59: Reference line view of Vehicle #2's damaged back with contour gauge present viewed from left; NOTE: minimal deformation



60: Vehicle #2's damaged back viewed from approximately 30 degrees left of back showing direct (i.e., between yellow tape) and induced damage



61: Vehicle #2's damaged back showing area of direct damage; NOTE: maximum crush occurs on bumper at C₃



62: Vehicle #2's damaged back viewed from approximately 30 degrees right of back; NOTE: undamaged right side



63: Reference line view of Vehicle #2's damaged back with contour gauge present from right; NOTE: minimal deformation



64: Vehicle #2's undamaged front and right side viewed from approximately 30 degrees right of front

Vehicle #2: 1987 Nissan Maxima SE, 4-Door Sedan, FWD, 5-Passenger, 3.0 L (181 in³) V-6 MPI



65: Vehicle #2's steering wheel and front seating area viewed from outside locked driver's door; NOTE: no obvious interior contacts



66: Vehicle #2's driver seating area viewed from outside locked passenger's door; NOTE: passive belt connector in motorized track (cell C1-C2) and no contacts

Vehicle #2: 1987 Nissan Maxima SE, 4-Door Sedan, FWD, 5-Passenger, 3.0 L (181 in³) V-6 MPI



67: Vehicle #2's front seating area viewed from outside locked passenger's door;
NOTE: adjustable head restraints and motorized belt connector



68: Vehicle #2's rear seating viewed from outside locked right rear door; **NOTE:** outboard integral, head restraints and manual, three-point, safety belts

TRANSPORTATION RESEARCH CENTER

[REDACTED]
[REDACTED], Indiana [REDACTED]

ON-SITE AIR BAG INVESTIGATION

NASS CDS FORMS AND MEDICAL RECORDS

CASE NO. - 96-17
FLEET - PRIVATE VEHICLE
LOCATION - ILLINOIS
ACCIDENT DATE - [REDACTED], 1996

Submitted By:

[REDACTED]
Senior Staff Associate
and
[REDACTED]
Associate Scientist

[REDACTED] 1996

Revised Submissions:

[REDACTED] 1997

[REDACTED] 1997

Contract Number: [REDACTED]

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590-0003

POLICE ACCIDENT REPORT

49 DIAGRAM	R. D. Number [REDACTED]	 INDICATE NORTH BY ARROW	<div style="border: 1px solid black; display: inline-block; padding: 2px;">UNIT 1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">UNIT 2</div>
------------	----------------------------	-----------------------------	--

50 NARRATIVE (Enter to vehicle by Unit No.)
 WITNESS: [REDACTED] M/I [REDACTED] S [REDACTED]
 IN SUMMARY: UNIT #2 RELATED TO R/O'S THAT UNIT #2 WAS STOPPED W/B [REDACTED] AT A RED LIGHT, WHEN HE WAS HIT FROM BEHIND BY UNIT #1. UNIT #1 RELATED TO R/O'S THAT UNIT #1 WAS GOING W/B [REDACTED] TO AVOID A COLLISION WITH OTHER VEH IN HIS LANE CHANGED LANES TO THE RIGHT & STRUCK VEH #2 IN THE REAR. [REDACTED] ON SCENE, MAJOR ACCIDENT NOTIFIED & AT THE HOSPITAL [REDACTED] 1ST DEPT NOTIFIED [REDACTED] VICTIM WAS IN INFANT CARRY SEAT, ON MOTHERS LAP, INFANT SEAT WAS NOT SECURED BY SEAT BELT.

HIT & RUN WANTED DRIVER	SEX	RACE	AGE	HAIR COL	DISTINGUISHING MARKS / CLOTHING DESCRIPTION	UNIT NO	VEH COLOR
MAN ONLY	OFFICER ASSIGNED STAR NO		DATE ASSIGNED		SUPV STAR NO	IF CASE CLEARED HOW <input type="checkbox"/> ARREST PROSECUTION	
COURT RM	COURT DATE		TIME	AM PM	CHARGES <input type="checkbox"/> EXC CLEARED	CITATION NO	
SUSPENDED <input type="checkbox"/> VICTIM CANNOT ID OFFENDER <input type="checkbox"/> NO INVESTIGATIVE LEADS <input type="checkbox"/> VEH. STOLEN-RO NO. <input type="checkbox"/> LETTER TO CONTACT RETURNED BY POST OFF <input type="checkbox"/> WARRANT OBTAINED <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> VEH. REGISTRATION UNAVAILABLE <input type="checkbox"/> INSUFFICIENT EVIDENCE FOR ARREST							
PREPARED BY: SIGNATURE				STAR NO	DATE (Day-Mo-Yr)	APPROVED BY: SIGNATURE	STAR NO

51 COMMERCIAL VEHICLE		UNIT NO.
CARRIER NAME		52 SOURCE
ADDRESS		<input type="checkbox"/> Side of truck
CITY		<input type="checkbox"/> Papers
STATE		<input type="checkbox"/> Driver
ZIP		<input type="checkbox"/> Log book
54 ID NUMBER	53 GVWR	
US DOT	ICCMC	
or State No.	State Name <input type="checkbox"/> None	
55 HAZARDOUS MATERIALS:		PLACARDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: 4-Digits _____ 1-Digit _____		or Name _____
Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank)		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
Violation of HAZMAT regs. contribute to crash?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Violation of MCS regs. contribute to crash?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inspection form completed?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Form No. _____
HAZMAT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Out of Service?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MCS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Out of Service?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
56 IDOT PERMIT #		WIDE LOAD <input type="checkbox"/> <input type="checkbox"/>
57 TRAILER WIDTH(S)	TRAILER LENGTH(S) - ft	VEHICLE LENGTH (TOTAL) - ft
0-96" 97-102" Over 102"		
Trailer 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Trailer 1 _____	NO OF AXLES
Trailer 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Trailer 2 _____	
(Circle)		
<input checked="" type="checkbox"/> IN CITY OF / <input type="checkbox"/> NEAREST CITY: _____ Miles N E S W of _____		
INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO VEHICLE CONFIGURATION _____ CARGO BODY TYPE _____ LOAD TYPE _____		

52 COMMERCIAL VEHICLE		UNIT NO.
CARRIER NAME		52 SOURCE
ADDRESS		<input type="checkbox"/> Side of truck
CITY		<input type="checkbox"/> Papers
STATE		<input type="checkbox"/> Driver
ZIP		<input type="checkbox"/> Log book
ID NUMBER	GVWR	
US DOT	ICCMC	
or State No.	State Name <input type="checkbox"/> None	
HAZARDOUS MATERIALS:		PLACARDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: 4-Digits _____ 1-Digit _____		or Name _____
Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank)		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
Violation of HAZMAT regs. contribute to crash?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Violation of MCS regs. contribute to crash?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inspection form completed?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Form No. _____
HAZMAT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Out of Service?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MCS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Out of Service?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
IDOT PERMIT #		WIDE LOAD <input type="checkbox"/> <input type="checkbox"/>
TRAILER WIDTH(S)	TRAILER LENGTH(S) - ft	VEHICLE LENGTH (TOTAL) - ft
0-96" 97-102" Over 102"		
Trailer 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Trailer 1 _____	NO OF AXLES
Trailer 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Trailer 2 _____	
(Circle)		
<input checked="" type="checkbox"/> IN CITY OF / <input type="checkbox"/> NEAREST CITY: _____ Miles N E S W of _____		
INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO VEHICLE CONFIGURATION _____ CARGO BODY TYPE _____ LOAD TYPE _____		

SUPPLEMENTARY REPORT

CHICAGO POLICE

DAY MO. YR
1996

1 INCIDENT/OFFENSE CLASSIFICATION LAST PREVIOUS REPORT Traffic Accident/ Fatal		1 UCR OFF. CODE		2 ADDRESS OF ORIG. INCIDENT/OFFENSE _____ Road		1 VERIFIED <input type="checkbox"/> 2 CORRECTED <input type="checkbox"/>		3 BEAT OF OCCUR.	
5 VICTIM/SUBJECT'S NAME AS SHOWN ON LAST PREVIOUS REPORT _____ (6 Days Old)		CORRECT <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO		6 FIRE RELATED <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO		7 BEAT ASSIGNED			
8 VICTIM/SUBJECT'S ADDRESS _____ Street		9 TYPE OF LOCATION OR PREMISE WHERE INCIDENT/OFFENSE OCCURRED Street		LOCATION CODE					
10 DESCRIBE PROPERTY IN NARRATIVE T = TAKEN R = RECOVERED									
FILL IN THE FULL AMOUNT OF ONLY THOSE VALUES WHICH EITHER DIFFER FROM OR WERE NOT REPORTED ON THE ORIGINAL CASE REPORT OR THE LAST PREVIOUS SUPPLEMENTARY REPORT.									
1 MONEY <input type="checkbox"/> T \$ <input type="checkbox"/> R		2 JEWELRY <input type="checkbox"/> T \$ <input type="checkbox"/> R		3 FURS <input type="checkbox"/> T \$ <input type="checkbox"/> R		4 CLOTHING <input type="checkbox"/> T \$ <input type="checkbox"/> R		7 OFFICE EQUIPMENT <input type="checkbox"/> T \$ <input type="checkbox"/> R	
9 HOUSEHOLD GOODS <input type="checkbox"/> T \$ <input type="checkbox"/> R		8 CONSUM. GOODS <input type="checkbox"/> T \$ <input type="checkbox"/> R		11 FIREARMS <input type="checkbox"/> T \$ <input type="checkbox"/> R		10 NARC/DANGEROUS DRUGS <input type="checkbox"/> T \$ <input type="checkbox"/> R		5 OTHER <input type="checkbox"/> T \$ <input type="checkbox"/> R	
								8 TV, RADIO, STEREO <input type="checkbox"/> T \$ <input type="checkbox"/> R	
PROPERTY INVENTORY NOIS:									
11 OFFENDER'S NAME (OR DESCRIBE CLOTHING, ETC.)									
12 HOME ADDRESS									
13 SEX-RACE-AGE CODE HEIGHT WEIGHT EYES HAIR COMPL.									
14 C.B. NO.									
15. NO. Y.D. NO. OR I.D.A. NO.									
OFF. 1									
OFF. 2									
16. OFF'S. VEHICLE YEAR MAKE BODY STYLE COLOR V.I.N.									
STATE LICENSE NO. STATE									

90. NARRATIVE

Classification : _____

Status : Cleared Arrest

Type of Accident : Auto/Auto

Date/Time Notified : _____ 96 at _____ Hours.

Date/Time Assigned : _____ 96 at _____ Hours

Location: _____ is located in the westbound lanes of _____ Road at the northwest corner of _____ and _____ Road is a through street with _____ traffic. _____ is a residential north/south street. There are traffic signals controlling both _____ and _____ Road Traffic.

Date/Time of Accident: _____ 96 at _____ hours.

Deceased : _____ DOB _____ 96 Age 6 days old. _____, _____ Ill. Deceased was in infant carry seat but was not seatbelted into front seat. Mother was feeding infant when vehicle she was in struck the rear of a stopped vehicle. Airbag inflated, victim's mother struck head on windshield. Infant suffered multiple blunt trauma from collision.

Felony Review Notification: Circumstances do not warrant felony charges.

☐ CONTINUED OTHER SIDE

90. EXTRA COPIES REQUIRED (NO. & RECIPIENT) Normal		91. DATE THIS REPORT SUBMITTED - DAY MO. YR 96		92. SUPERVISOR (PRINT NAME) _____		STAR NO.	
93. REPORTING OFFICER (PRINT NAME) _____		94. REPORTING OFFICER (PRINT NAME) P/O/ _____		SIGNATURE _____		STAR NO.	
95. DATE _____ 96		96. DAY _____ 96		97. MO. YR. _____ 96		TIME _____	

Classification Number : [REDACTED]

RD Number : [REDACTED]

Identified By : [REDACTED] (mother of victim)
Mother lives at [REDACTED]
[REDACTED] No phone. Phone to be
used is registered to [REDACTED]

Roadway : [REDACTED] Road is a [REDACTED] business street
with two lanes of flowing traffic in
both the east and westbound directions.
The westbound lanes measured 30 feet in
width.

Traffic Control Devices : There are two traffic signals which
control the westbound traffic flow.
Both were operating normally upon
inspection by reporting T/Ss.

Weather : Weather was clear and dry as was the
road surface. Temperature was 80
degrees.

Charged : [REDACTED] M/WH/20 yrs. (father of
victim). DOB [REDACTED]
Illinois Drivers License # [REDACTED]
[REDACTED] which is valid with no
restrictions.

Charges : [REDACTED] Too fast for
conditions. Citation # [REDACTED]
[REDACTED] No proof of insurance
Citation # [REDACTED] Child
Restraint Required Citation [REDACTED]
Court on [REDACTED] 96 at [REDACTED] in room [REDACTED]

Charged : [REDACTED]
Street, [REDACTED] Ill. Illinois Drivers
License [REDACTED] which is valid
with no restrictions.

Charges : [REDACTED] No proof of Insurance
Citation Number [REDACTED] To appear
in traffic court on [REDACTED] 96 in room [REDACTED]
at [REDACTED] hours.

Classification Number : [REDACTED]

RD Number : [REDACTED]

Personnel Assigned : P.O. [REDACTED] Beat [REDACTED]
P.O. [REDACTED] Beat [REDACTED]
P.O. [REDACTED] Beat [REDACTED]
T [REDACTED] Beat [REDACTED]

Witness : [REDACTED] of [REDACTED]
[REDACTED] Ill. No phone. Oral statement
was taken by beat officers [REDACTED] and
[REDACTED]

Vehicle #1 : 1995 Ford Escort red in color. [REDACTED]
license plate of [REDACTED] registered to
[REDACTED] Place
[REDACTED] VIN Number of
[REDACTED]

Vehicle was inspected and photographed
at [REDACTED] Place by reporting T/Ss
and the following damage was noted:
plastic front grill broken out, front
bumper ajar from contact with rear of
vehicle #2. Front windshield on
passenger side was cracked. Both
airbags inflated at time of accident.

Vehicle #2 : 1987 Nissan Maxima beige in color.
VIN Number of JN1HU11PSH[REDACTED] No
plates were on the vehicle since the
owner had just purchased the vehicle
several days earlier. Owner is [REDACTED]
[REDACTED] phone # [REDACTED].

Vehicle sustained contact damage to the
rear bumper and trunk area. The left
rear door sustained induced damage
which prohibited it from being opened.
No photos were taken of this vehicle.

Photographs : Photos were taken of the scene and of
vehicle #1. A total of 8 35 mm photos
were taken using a Canon A-1 camera
with flash attachment and Kodak ASA200
film.

Classification Number : [REDACTED]

RD Number : [REDACTED]

Diagram : A scale diagram of the post accident scene was completed from a field sketch by [REDACTED].

Reference : Original Traffic Crash Report Number of [REDACTED].

Notifications : Office of the Medical Examiner
Brucci Case # [REDACTED] at 2230 hours
on [REDACTED] 96.

. First Deputy's Office
Officer [REDACTED] on [REDACTED] 96 at
1920hrs.

Investigation: Office of Emergency Communications notified the Major Accident Investigation Unit that a follow up team would be needed at the fatal traffic accident involving a six day old infant. Beat [REDACTED] of the third watch was assigned to this follow up investigation at 1900 hours. The victim had been transported to [REDACTED] County Trauma Unit by CFD ambulance.

Traffic Specialist [REDACTED] and P/O [REDACTED] arrived at the hospital and met with emergency room personnel. Dr. [REDACTED] did confirm that the victim, a six day old infant, was pronounced at [REDACTED] hours having suffered multiple blunt trauma and possible skull fracture. The infant's mother [REDACTED] was at the [REDACTED] County Hospital as were numerous family members. Beat [REDACTED] 2 Officers [REDACTED] and [REDACTED] arrived at the hospital in the company of the victim's father Mr. [REDACTED]. After conferring with both beat officers and interviewing Mr. [REDACTED] the following account was learned of the accident circumstances: Mr. [REDACTED] was driving his 1995 Ford Escort westbound on [REDACTED] Road approaching [REDACTED] Avenue. His wife [REDACTED] was in the front passenger seat, his eleven month old daughter [REDACTED] was in the rear seat in a seat belted secure infant seat. A cousin [REDACTED] was also seated in the rear seat. [REDACTED] six days old, was in an infant carrier and was on the lap of her mother [REDACTED]. Mr. [REDACTED] stated that he was driving no faster than 30 mph. He was in the lane closest to the center double yellow painted lines. He saw the vehicle in front of him at the traffic signal at [REDACTED]. Mr. [REDACTED] thought the light was green but the vehicle in front of him was not moving. Not

Classification Number : [REDACTED]

RD Number : [REDACTED]

Investigation Continued :

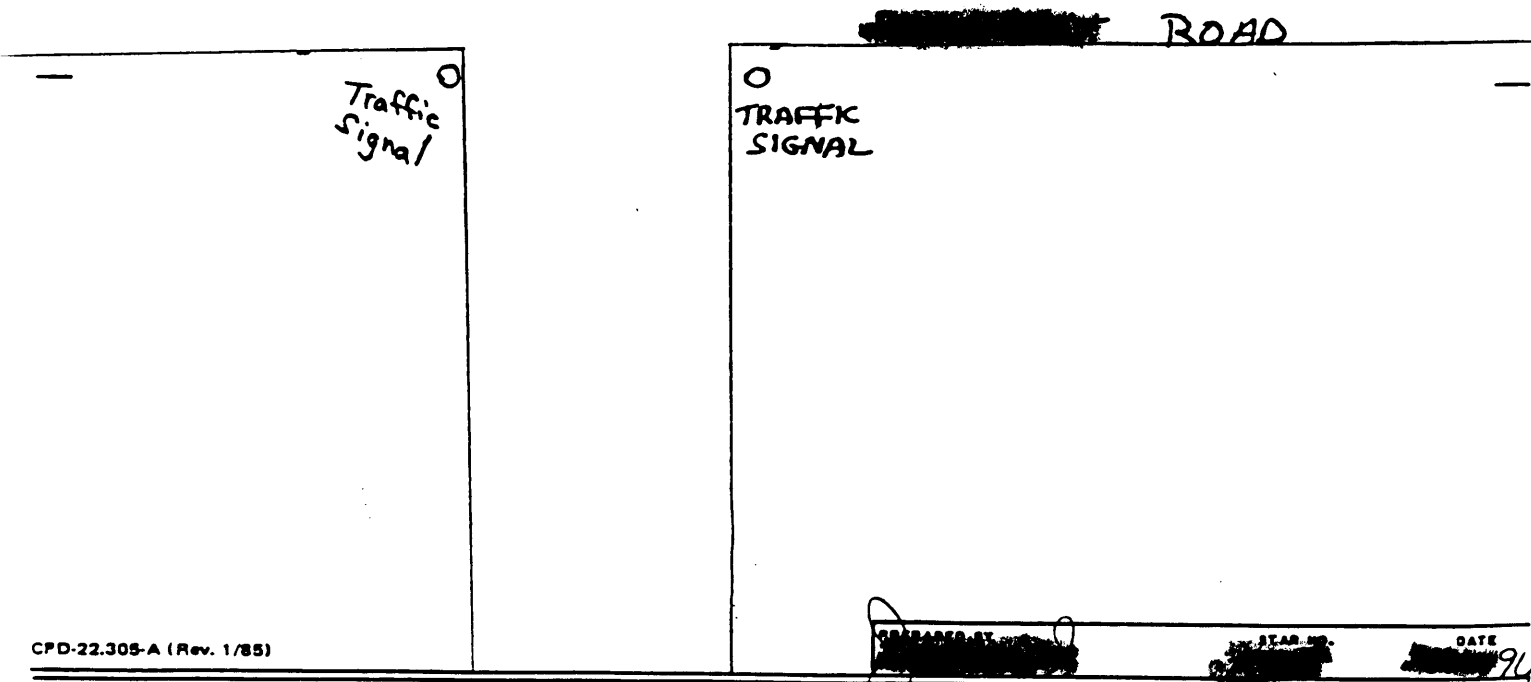
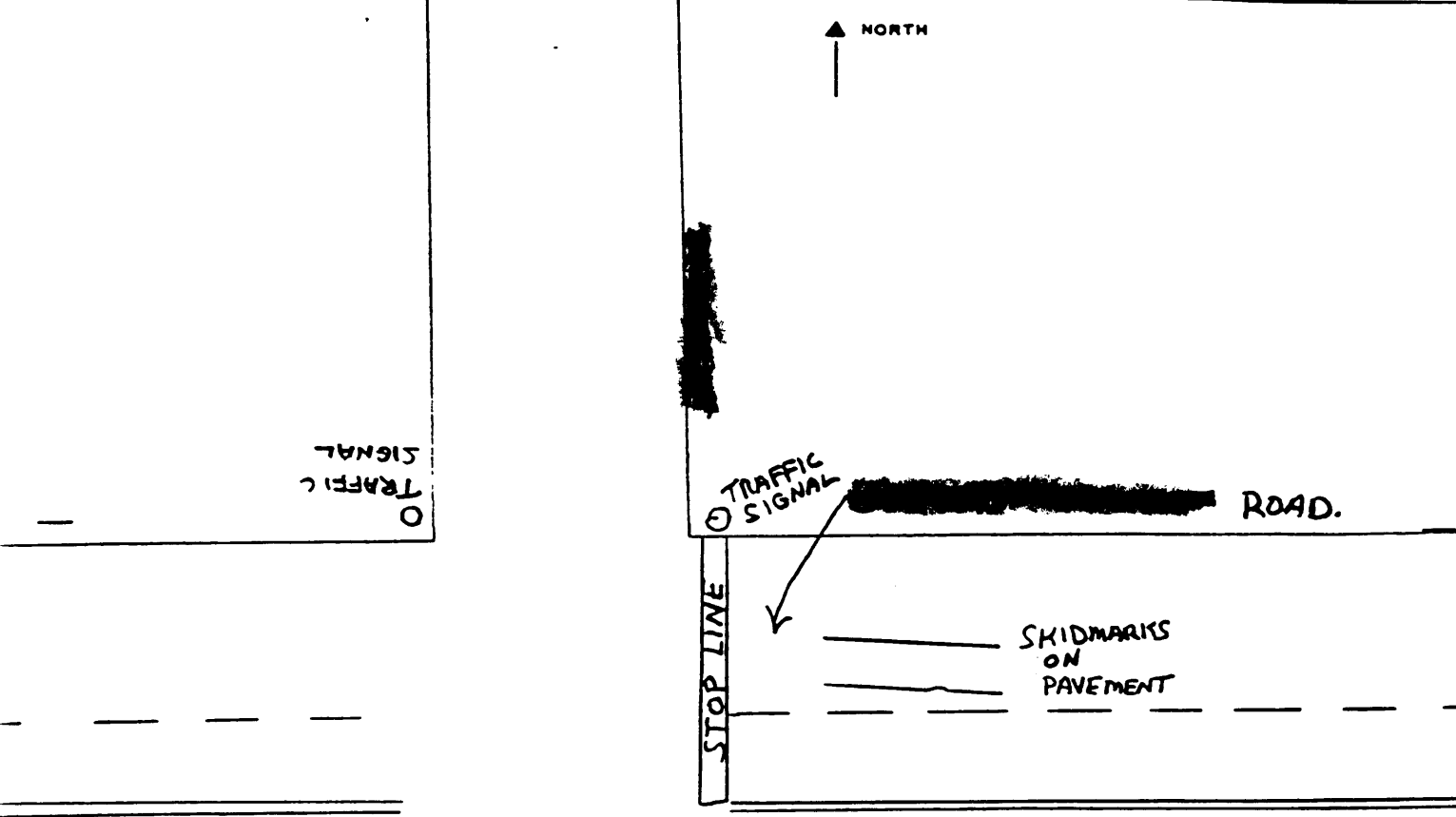
wanting to strike the rear of this vehicle, Mr. [REDACTED] swerved his Escort to the right to avoid contact. In the lane to his right was a Nissan also stopped for the traffic signal. Mr. [REDACTED] applied his brakes but could not avoid contact with the rear of the Nissan driven by [REDACTED]. Upon impact with the rear of the Nissan the airbags in the Ford Escort inflated. The Infant carrier holding the six day old infant came in contact with the inflating airbags and the inside dashboard area. Upon later examination by reporting T/Ss, it was discovered that the infant carrier did sustain damage, the plastic handle was broken in half. [REDACTED] did state that her head struck the windshield on impact and she injured her right ankle.

Leaving the hospital, reporting T/Ss travelled to the accident scene. Measurements were taken for a diagram. Numerous photos were also taken of the scene. The traffic signals were observed and seen to be in proper working order. It was learned that the Ford Escort had been driven home by a family member. T/Ss went to [REDACTED] Street and located the vehicle. Numerous photos were taken of the damaged areas on the vehicle. Several photos were also taken of the EVENFLO INFANT CARRIER in which the victim was laying at the time of the accident.

Returning to the [REDACTED] police district reporting T/Ss secured copies of the completed traffic crash report as well as the traffic citations issued in this case. Upon arrival back at the Major Accident Unit [REDACTED] contacted the driver of vehicle #2, Mr. [REDACTED]. In a telephone interview he stated that he looked in his rear view mirror and saw the red Ford Escort skidding behind his vehicle. Mr. [REDACTED] gripped the steering wheel and braced himself for impact. Mr. [REDACTED] stated that the traffic signal for [REDACTED] at [REDACTED] was red for the westbound lanes.

All proper notifications and documentation were completed regarding this case file.

☐ DIAGRAM - USE THE VICTIM AND VEHICLE AS REFERENCE POINTS, SHOW POSITION OF VICTIM AND VEHICLE AT AND AFTER IMPACT
☐ PHOTOGRAPHS - AFFIX ON LEFT SIDE OF SHEET DESCRIBE ACCIDENT & RELATED POINTS IN PHOTOS



Identify and describe all property or possible evidence recovered at the end of the narrative in column form. Show exactly where found, when found, who found it and its description (include Property Inventory numbers). If property taken was scribbled for Operation Identification, indicate I.D. number at end of Narrative. Offender's approximate description, if possible, should include name if known, nickname, sex, race code, age, height, weight, color eyes & hair, complexion, scars, marks, etc. If suspect is arrested, give name, sex, race code, age, C.B. or I.R. number, if known, and state "In Custody."

SUPPLEMENTARY REPORT

CHICAGO POLICE - FOR USE BY B.I.S. PERSONNEL ONLY

All descriptions and statements in this entire report are approximations or summarizations unless indicated otherwise.

4. DATE OF ORIG. OCCURRENCE - TIME

96 HRS.

1. OFFENSE/CLASSIFICATION LAST PREVIOUS REPORT TRAFFIC ACCIDENT				1-UCR OFF. CODE DNA		2. ADDRESS OF ORIG. INCIDENT/OFFENSE RD.		3. BEAT OF OCCUR. DNA	
5. VICTIM'S NAME AS SHOWN ON CASE REPORT [REDACTED]				CORRECT <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO		IF NO, CORRECT ALL VICTIM INFORMATION IN BOXES 20 THROUGH 27.		6. FIRE RELATED <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO	
8. TYPE OF LOCATION OR PREMISE WHERE INCIDENT/OFFENSE OCCURRED STREET				LOCATION CODE [REDACTED]		9. NO. OF VICTIMS 1		10. NO. OF OFFENDERS DNA	
11. VERIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. OBJECT/WEAPON CODE NO. [REDACTED]		13. FIREARM FEATURES CODE NO. [REDACTED]		14. POINT/ENTRY CODE NO. [REDACTED]		15. POINT/EXIT CODE NO. [REDACTED]	
16. BURGLAR ALARM CODE NO. [REDACTED]		17. SAFE BURGLARY METHOD CODE NO. [REDACTED]		18. IF RESIDENCE WHERE WERE OCCUP. CODE NO. [REDACTED]		FILL IN THE FULL AMOUNT OF ONLY THOSE VALUES WHICH EITHER DIFFER FROM OR WERE NOT REPORTED ON THE ORIGINAL CASE REPORT OR THE LAST PREVIOUS SUPPLEMENTARY REPORT.			
19. PROPERTY <input checked="" type="checkbox"/> D.N.A. VERIFIED <input type="checkbox"/> UPDATE TO		1. MONEY <input type="checkbox"/> T \$ <input type="checkbox"/> R		2. JEWELRY <input type="checkbox"/> T \$ <input type="checkbox"/> R		3. FURS <input type="checkbox"/> T \$ <input type="checkbox"/> R		4. CLOTHING <input type="checkbox"/> T \$ <input type="checkbox"/> R	
5. HOUSEHOLD GOODS <input type="checkbox"/> T \$ <input type="checkbox"/> R		6. CONSUM. GOODS <input type="checkbox"/> T \$ <input type="checkbox"/> R		7. FIREARMS <input type="checkbox"/> T \$ <input type="checkbox"/> R		8. NARC./DANGEROUS DRUGS <input type="checkbox"/> T \$ <input type="checkbox"/> R		9. OFFICE EQUIPMENT <input type="checkbox"/> T \$ <input type="checkbox"/> R	
10. TV, RADIO, STEREO <input type="checkbox"/> T \$ <input type="checkbox"/> R		11. NONE <input type="checkbox"/> T \$ <input type="checkbox"/> R		12. OTHER <input type="checkbox"/> T \$ <input type="checkbox"/> R		13. INJURED <input type="checkbox"/> YES <input type="checkbox"/> NO			
20. NAME (LAST-FIRST-M.I.)		21. I-UCR OFFENSE CODE		22. HOME ADDRESS (NO., DIR., STREET, APT. NO.)		23. SEX-RACE-AGE CODE		24. HOME PHONE	
25. BUSINESS PHONE		26. INJURED YES NO		27. VICTIM REL. CODE		28. OFFENDER'S NAME (OR DESCRIBE CLOTHING, ETC.)			
29. HOME ADDRESS		30. SEX-RACE-AGE CODE		HEIGHT		WEIGHT		EYES	
HAIR		COMPL.		31. C.B. NO.		I.R. NO., Y.D. NO. OR J.D.A. NO.		OFFENDER REL. CODE	
32. NO. ARREST UNIT NO.		33. OFF'S. VEHICLE YEAR MAKE BODY STYLE COLOR V.I.N.		STATE LICENSE NO.		STATE			
34. SERIAL NOS. OR IDENTIFICATION NOS.		<input type="checkbox"/> 1 DNA <input type="checkbox"/> 2 VERIFIED <input type="checkbox"/> 3 CORRECTED		LIST ALL CORRECTIONS & NEW OR ADDITIONAL NOS. OBTAINED IN NARRATIVE					
50. OFFENSE/CLASS. THIS DATE (IF SAME ENTER DNA)		REV. CODE		51. METHOD CODE		52. METHOD ASSIGNED		UNIT NO. 53. STATUS	
D.N.A.						<input checked="" type="checkbox"/> 1 FIELD <input type="checkbox"/> 3 SUMMARY		146 <input checked="" type="checkbox"/> 0 PROGRESS <input type="checkbox"/> 1 SUSPENDED <input type="checkbox"/> 2 UNFOUNDED	
STATUS CONT'D.		3 CLRD. CLOSED		4 CLRD. OPEN		5 EXC. CLRD. CLOSED		6 EXC. CLRD. OPEN	
7 CLSD. NON-CRIM.		8 IF CASE CLEARED, HOW CLEARED		1 ARREST & PROSEC.		2 DIRECTED TO JUV. CRT.		3 COMPL. RFUSD. TO PROSECUTE	
4 COMMUNITY ADJUSTMENT		5 OTHER EXCEPT		ADULT		JUV.			
55. <input type="checkbox"/> FOR SUMMARY CASES ONLY - THE ORIGINAL CASE REPORT IS SUBSTANTIALLY CORRECT, AND CONTACT WITH THE VICTIM HAS DISCLOSED NO ADDITIONAL PERTINENT INFORMATION.									

80. NARRATIVE

THIS IS A CAUSE OF DEATH REPORT:

MEDICAL EXAMINER'S CASE NUMBER: **[REDACTED] 96**

DATE OF AUTOPSY: **[REDACTED] 96**

PATHOLOGIST: **[REDACTED]**

CAUSE AND MANNER OF DEATH: **CRANIOCEREBRAL INJURIES/AUTO ACCIDENT/ACCIDENT**

INVESTIGATION: **UPON COMPLETION OF THE POST MORTEM EXAMINATION OF THE ABOVE VICTIM DR. [REDACTED] INDICATED THE CAUSE AND MANNER OF DEATH AS DESCRIBED ABOVE.**

90. EXTRA COPIES REQUIRED (NO. & RECIPIENT) D.N.A.		91. DATE THIS REPORT SUBMITTED - TIME [REDACTED] 96 HRS.		92. SUPERVISOR APPROVING (PRINT NAME) STAR NO. [REDACTED]	
93. REPORTING OFFICER (PRINT NAME) STAR NO. [REDACTED]		94. REPORTING OFFICER (PRINT NAME) STAR NO. [REDACTED]		95. DATE APPROVED (DAY-MO.-YR.) TIME [REDACTED] 96	
SIGNATURE [REDACTED]		SIGNATURE [REDACTED]		SIGNATURE [REDACTED]	

ACCIDENT COLLISION MEASUREMENT TABLE

ACCIDENT COLLISION MEASUREMENT TABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number 1 0

Case Number—Stratum 96 1 6

ACCIDENT COLLISION DIAGRAM

Document the physical plant:

- all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- all traffic controls (e.g., signs/signals, etc.)
- north arrow placed on diagram
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- roadway curvature (include measurement of precrash superelevation for each vehicle if applicable)

Document vehicle dynamics including:

- reference point and reference line relative to physical features present at the scene
- scaled documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
 - a) physical evidence, or
 - b) reconstructed accident dynamics

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	<u>280</u>	<u>275</u>	<u> </u>
Surface Type	<u>BIT</u>	<u>BIT</u>	<u> </u>
Surface Condition	<u>DRY</u>	<u>DRY</u>	<u> </u>
Coefficient of Friction	<u>.75</u>	<u>.75</u>	<u> </u>
Grade (v/h)	<u>Lev</u>	<u>Lev</u>	<u> </u>
Measurement (between impact and final rest)	<u> </u>	<u> </u>	<u> </u>
Grade (v/h)	<u> </u>	<u> </u>	<u> </u>
Measurement (at location of rollover initiation)	<u> </u>	<u> </u>	<u> </u>
Grade (v/h)	<u>Lev</u>	<u>Lev</u>	<u> </u>
Measurement (at pre-crash location)	<u>(i.e., -1.4%)</u>	<u> </u>	<u> </u>

Reference Point: TRAFFIC control
@ NE CORNER

Reference line: NORTH edge
of [REDACTED] RD

[illegible]

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
------	---	--

NORTH

8.7

TRAFFIC SIGNAL

5.9

TRAFFIC SIGNAL

ROAD.

4.9

STOP LINE

SKIDMARKS ON PAVEMENT

9.5

6.8

12.1

ROAD

4.81

Traffic Signal

10.0

TRAFFIC SIGNAL

RP

RL

BEG

12.0 E

3.5 S

END

4.2 E

2.5 S

RP to curb edge
5.9

RP to RL
.6m

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9617

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

02

4. Date of Accident
(Month, Day, Year)

[REDACTED] 9 6

5. Time of Accident

[REDACTED]

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use 0

7. SS16 Pedestrian Crash Data Study 0
(Data for this special study available
in a separate file.)

8. SS17 Impact Fires 0

9. SS18 Unsafe Driver Actions 0

10. SS19 Run Off Road 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 01

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>01</u>	15. <u>F</u>	16. <u>02</u>	17. <u>02</u>	18. <u>B</u>
19. <u>02</u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>
26. <u>03</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>04</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>05</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- CV: 98.4 > 249.9
- VZ: 100.4 > 255.0
- | | |
|--|---|
| (00) Not a motor vehicle | (31) Large pickup truck (≤ 4,536 kgs GVWR) |
| (01) Subcompact/mini (wheelbase < 254 cm) | (38) Other pickup truck (≤ 4,536 kgs GVWR) |
| (02) Compact (wheelbase ≥ 254 but < 265 cm) | (39) Unknown pickup truck type (≤ 4,536 kgs GVWR) |
| (03) Intermediate (wheelbase ≥ 265 but < 278 cm) | (45) Other light truck (≤ 4,536 kgs GVWR) |
| (04) Full size (wheelbase ≥ 278 but < 291 cm) | (48) Unknown light truck type (≤ 4,536 kgs GVWR) |
| (05) Largest (wheelbase ≥ 291 cm) | (49) Unknown light vehicle type |
| (09) Unknown passenger car size | (50) School bus (excludes van based) (> 4,536 kgs GVWR) |
| (14) Compact utility vehicle | (58) Other bus (> 4,536 kgs GVWR) |
| (15) Large utility vehicle (≤ 4,536 kgs GVWR) | (59) Unknown bus type |
| (16) Utility station wagon (≤ 4,536 kgs GVWR) | (60) Truck (> 4,536 kgs GVWR) |
| (19) Unknown utility type | (67) Tractor without trailer |
| (20) Minivan (≤ 4,536 kgs GVWR) | (68) Tractor-trailer(s) |
| (21) Large van (≤ 4,536 kgs GVWR) | (78) Unknown medium/heavy truck type |
| (24) Van Based school bus (≤ 4,536 kgs GVWR) | (79) Unknown light/medium/heavy truck type |
| (28) Other van type (≤ 4,536 kgs GVWR) | (80) Motored cycle |
| (29) Unknown van type (≤ 4,536 kgs GVWR) | (90) Other vehicle |
| (30) Compact pickup truck (≤ 4,536 kgs GVWR) | (99) Unknown |

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|---|-------------------------|---|-------------------------|
| CDS APPLICABLE
AND OTHER
VEHICLES | (O) Not a motor vehicle | (R) Right side | (T) Top |
| | (N) Noncollision | (L) Left side | (U) Undercarriage |
| | (F) Front | (B) Back | (9) Unknown |
| | | | |
| TDC
APPLICABLE
VEHICLES | (O) Not a motor vehicle | (L) Left side | (C) Rear of cab |
| | (N) Noncollision | (B) Back of unit with cargo area
(rear of trailer or straight truck) | (V) Front of cargo area |
| | (F) Front | (D) Back (rear of tractor) | (T) Top |
| | (R) Right side | | (U) Undercarriage |
| | | | (9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- (01-30) — Vehicle Number
- Noncollision
- (31) Overturn — rollover (excludes end-over-end)
- (32) Rollover — end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify): _____
- (36) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown
- Collision With Fixed Object
- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)
- Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object
- Collision with Nonfixed Object
- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): FORD
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): ESCORT LX
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

3FASPI3JXSR

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

___ mph X 1.6093 = ___ kmph

12. Speed Limit

(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

30 mph X 1.6093 = 48 kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):

- (8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) _____
 Unknown type of junction

(9) Unknown

20. Trafficway Flow 0
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 4
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1
 (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 1

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____

- (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 03
(Prior To Recognition Of Critical Event)
- (00) No driver present
 - (01) Attentive or not distracted
 - (02) Looked but did not see
 - Distractions*
 - (03) By other occupant(s), (specify): Talking, listening
 - (04) By moving object in vehicle (specify): _____
 - (05) While talking or listening to cellular phone (specify location and type of phone): _____
 - (06) While dialing cellular phone (specify location and type of phone): _____
 - (07) While adjusting climate controls
 - (08) While adjusting radio, cassette, CD (specify): _____
 - (09) While using other device/controls integral to vehicle (specify): _____
 - (10) While using or reaching for device/object brought into vehicle (specify): _____
 - (11) Sleepy or fell asleep
 - (12) Distracted by outside person, object, or event (specify): _____
 - (13) Eating or drinking
 - (14) Smoking related
 - (97) Distracted/inattentive, details unknown
 - (98) Other, distraction (specify): _____
 - (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 15
- (00) No driver present
 - (01) Going straight
 - (02) Decelerating in traffic lane
 - (03) Accelerating in traffic lane
 - (04) Starting in traffic lane
 - (05) Stopped in traffic lane
 - (06) Passing or overtaking another vehicle
 - (07) Disabled or parked in travel lane
 - (08) Leaving a parking position
 - (09) Entering a parking position
 - (10) Turning right
 - (11) Turning left
 - (12) Making a U-turn
 - (13) Backing up (other than for parking position)
 - (14) Negotiating a curve
 - (15) Changing lanes
 - (16) Merging
 - (17) Successful avoidance maneuver to a previous critical event
 - (97) Other (specify): _____
 - (99) Unknown

32. Critical Precrash Event 50
- THIS VEHICLE LOSS OF CONTROL DUE TO:**
- (01) Blow out or flat tire
 - (02) Stalled engine
 - (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 - (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 - (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 - (06) Traveling too fast for conditions
 - (08) Other cause of control loss (specify): _____
 - (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver 03

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify): _____

(99) Unknown

34. Pre-Impact Stability 2

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

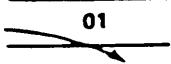
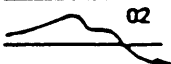
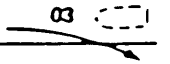
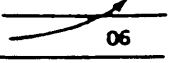
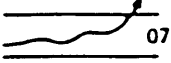
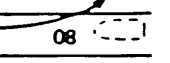
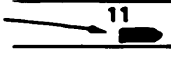


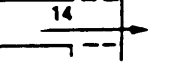
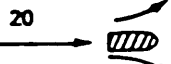
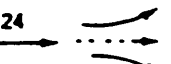
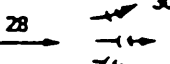


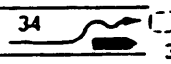
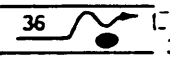
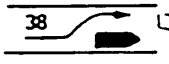
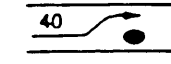
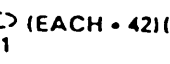
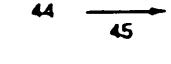

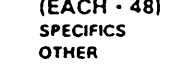


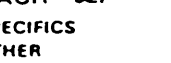
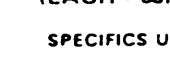



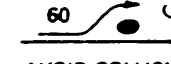
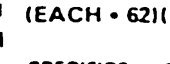
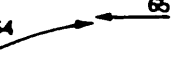
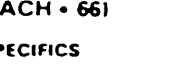

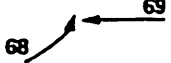
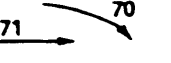

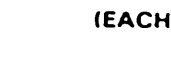
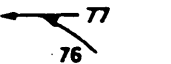
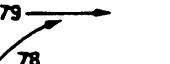
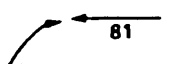
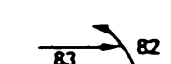
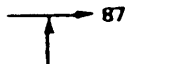
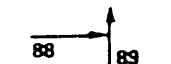

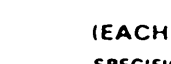
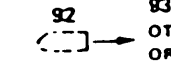

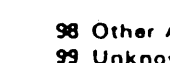
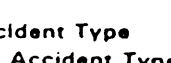

36. Accident Type 32

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify): _____

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH. PED. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH. PED. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 24 SLOWER 25, 26, 27	 28 DECEL. 29, 30, 31	 30 SPECIFICS OTHER	 31 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	 41 (EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45	 46 45 47	 (EACH • 48) SPECIFICS OTHER	 (EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 (EACH • 52) SPECIFICS OTHER	 (EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	 61 (EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 (EACH • 66) SPECIFICS OTHER	 (EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 SPECIFICS OTHER	 72 SPECIFICS UNKNOWN	(EACH • 74) (EACH • 75)
	K Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 81 SPECIFICS OTHER	 83 SPECIFICS UNKNOWN	(EACH • 84) (EACH • 85)
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 86	 89 88	 (EACH • 90) SPECIFICS OTHER	 (EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH OR OBJECT	 98 Other Accident Type	 99 Unknown Accident Type	 00 No Impact

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 05
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 05

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 1
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1100
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = 1100 kgs

Source: _____

Adjusted for transmission

44. Vehicle Cargo Weight 0010
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = 6.8 kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

VERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 452. Rear Override/Underride (this Vehicle) 0

(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

(1) 1st CDC

(2) 2nd CDC

(3) Other not automated CDC (specify):
_____*Underride (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

(4) 1st CDC

(5) 2nd CDC

(6) Other not automated CDC (specify):

(7) Medium/heavy truck or bus override (of any configuration)

(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

(996) Non-horizontal impact

(997) Noncollision

(998) Impact with object

(999) Unknown

53. Heading Angle For This Vehicle 28054. Heading Angle For Other Vehicle 275**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

(0) No towed unit

(1) Yes—towed trailing unit

(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0

(0) No

(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

(0) Not collision (for highest delta V) with tree or pole

(1) Not damaged

(2) Cracked/sheared

(3) Tilted < 45 degrees

(4) Tilted ≥ 45 degrees

(5) Uprooted tree

(6) Separated pole from base

(7) Pole replaced

(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 01

(00) No vehicle inspection

Delta V Calculated

(01) Reconstruction program-damage only routine

(02) Reconstruction program-damage and trajectory routine

(03) Missing vehicle algorithm

Delta V Not Calculated

(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

(05) Rollover

(06) Other non-horizontal forces

(07) Sideswipe type damage

(08) Severe override

(09) Yielding object

(10) Overlapping damage

(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

_____(98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest13 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V Highest-13 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: _000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V Highest Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: _000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption Highest8110 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed Highest Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction 1
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest12.2 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined) <u>0</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>3</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): _____</p> <p>(3) Complete inspection</p> <p>DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number <u>1</u></p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>
<p>*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***</p> <p>DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS</p> <p>*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***</p> <p>THE EXTERIOR VEHICLE, INTERIOR VEHICLE, OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.</p>	

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number		<u>1</u> <u>0</u>
2. Case Number - Stratum		<u>9</u> <u>6</u> <u>1</u> <u>7</u>
3. Vehicle Number		<u>0</u> <u>1</u>

VEHICLE IDENTIFICATION

VIN 3FAS P13JXR _____ Model Year 95
Vehicle Make (specify): FORD Vehicle Model (specify): ESCORT LX

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	34' @ of center	Across Front Bumper	

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 98.4 inches x 2.54 = 249.9 cm
 Overall Length 170.9 inches x 2.54 = 434.1 cm
 Maximum Width 66.7 inches x 2.54 = 169.4 cm
 Curb Weight 2,447 pounds x 0.4536 = 1,110 kg
 Average Track 56.5 inches x 2.54 = 143.5 cm
 Front Overhang _____ inches x 2.54 = _____ cm
 Rear Overhang _____ inches x 2.54 = _____ cm
 Undeformed End Width _____ inches x 2.54 = _____ cm
 Engine Size: cyl/displ. _____ cc x 0.001 = 1.9 L
 _____ CID x 0.0164 = 1.9 L

Shipping Weight
 4-Speed Automatic 2,379
 100
2,479
 5-Speed Manual 2,317
 100
2,417

Curb Weight
 5-Speed Manual 2,385
 62
 4-Speed Automatic 2,447

Difference for Transmission: 62 lbs

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify} Color: {specify} RED Repair Cost: \$
 Transmission: {circle} Automatic | Manual Speed: 3-speed | 4-speed | 5-speed | Other:
 Steering: {circle} Power-assisted | Manual Type: rack-and-pinion | worm-and-gear | Other
 {please describe}:
 Brakes: {circle} Power-assisted | Manual Type: 4-wheel disc | 4-wheel drum | 4-wheel hydraulic
front disc, rear drum | Other:
 Observed Defects: {specify}
 Fleet Type: {circle} Private vehicle | Rental vehicle | Leased vehicle | Commercial vehicle | Other
 {please describe}:

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted

b. Tire deflated

RF 2
LF 2
RR 2
LR 2RF 2
LF 2
RR 2
LR 2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☒ AutomaticEND SHIFT \geq 10 CM☐ Yes ☒ No

ORIGINAL SPECIFICATIONS

Wheelbase 250 cm
 Overall Length 432 cm
 Maximum Width 169 cm
 Curb Weight 1,110 kg
 Average Track 144 cm
 Front Overhang 88 cm
 Rear Overhang 98 cm
 Undeformed End Width 140 cm
 Engine Size: cyl./displ. _____ L

WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)RF \pm _____°LF \pm _____°RR \pm _____°LR \pm _____°Within \pm 5 degrees

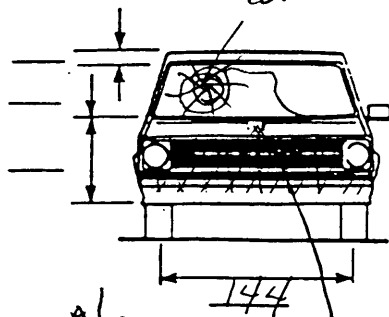
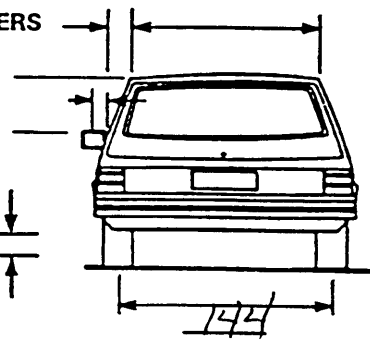
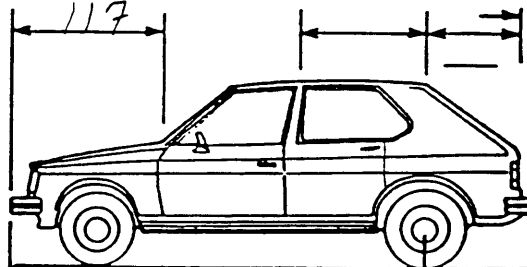
DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WD

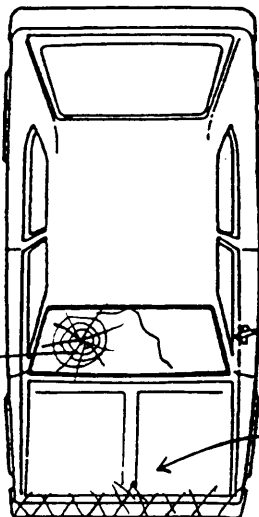
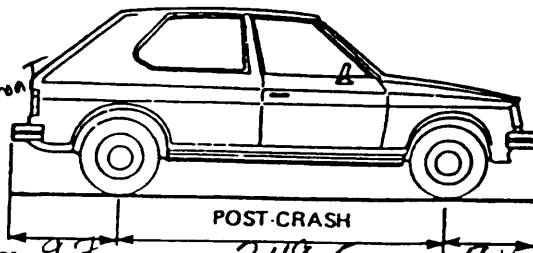
Approximate

Cargo Weight _____ kg

MEASUREMENTS IN CENTIMETERS

Direct to top
1/2 of front
BumperOriginal
Bumper heightMINIMAL
Deformation
Front Endcenter grille
Broken out
(2 pieces)

POST-CRASH

Bumper corner
Stringline 76
88249Bumper corner
Stringline 97
98Direct to Front
TIP of
Hood

POST-CRASH

Bumper corner
Stringline 97
98249.5Bumper corner
Stringline 74
87

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

AUTOMOBILE REFERENCE BOOK-PASSENGER CAR SECTION

FORD Motor Co., The American Road,

Type of Body Pass. Cap.	Model	Wheel Base	Dimensions Inches Lt. x Wt. x Ht.	Ship. Wt.	Tax H.P.	Factory List Price	Factory Del'd Price
Group(\$3K)-\$1030; Luxury Convenience Group(\$3L)(SHO)-\$1555; Cellular Phone(\$16)-\$500; Remote Keyless Entry System(\$144)(LX & SHO)-\$215 (GL)-\$390; Speed Control(\$25)-\$215; Window Power Side(\$43R)-\$340; Spoiler Decklid(\$13J)-\$270; Radio Electronic AM/FM Stereo w/cassette-\$165 w/JBL Audio System-\$500; CD Player(\$917)-\$375; Police Pkg(\$55A) Includes 3.8 liter Gas Engine(\$94)-\$955							
1995 CROWN VICTORIA RWD V8 cyl 4.6 liter SEFI SHOC Gas Engine(99W)(16 valve)							
Bore & Stroke 3.6"x3.6"; Tax H.P. 41.47; SAE H.P. 190@4250; Torque 260@3250; 281 cu.in., 4.6 liter(Single Exhaust)							
Bore & Stroke 3.6"x3.6"; Tax H.P. 41.47; SAE H.P. 210@4250; Torque 270@3250; 281 cu.in., 4.6 liter(Dual Exhaust)							
Auto. Trans. 4-speed; EPA Mileage Estimate 17/25							
6-PS 4-dr Sedan P73	FCAB	114.4"	212.0" x 77.8" x 56.8"	3607	41.47	20,160	20,740
6-PS 4-dr LX Sedan P74	FCAB	114.4"	212.0" x 77.8" x 56.8"	3624	41.47	21,970	22,550
6-PS 4-dr Fleet Sedan P72	FCAB	114.4"	212.0" x 77.8" x 56.8"	3612	41.47	20,035	20,615
Police Interceptor, Series P71, Vinyl Split Bench Seats, Includes Preferred Equip. Pkg. (120P) in Price.							
6-PS 4-dr Sedan P71	FCAB	114.4"	212.0" x 77.8" x 56.8"	3612	41.47	20,230	20,810
Options Crown Victoria: Destination Charges-\$580; Preferred Equip. Pkg (111A)-\$395 LX (113A)-\$820 (114A)-\$3440 Fleet (121S)-\$550 Police (122P)-\$165; Calif Emissions System-\$95; Leather Seating Surfaces Split Bench-\$645; Seats 6-way Driver(21A)-\$360 Passenger(21J)-\$360 Driver Memory(46A)-\$175; Option Group (1) -\$660 w/LX-\$600 w/Police-\$520 w/Fleet-\$335 (2)-\$985 w/Fleet-\$445 (3)-\$485 (4)-\$2765; Air Conditioning(573)-\$175; Anti-lock Braking System/Electronic(553)-\$665; Handling and Performance Pkg(41G)-\$1100 w/114A-\$410 w/group 2-\$680 w/group 3-\$830; Keyless Entry Remote(144)(LX only)-\$215; Light/Decor Group(943)-\$225; Rear Air Suspension(664)-\$270; Trailer Towing Package Heavy Duty(53S)-\$795 w/114A-\$500 w/Fleet-\$770; AM/FM Stereo Radio Electronic w/cassette-\$185 w/JBL Audio System w/Group 2-\$860 w/Group 3-\$500; Conventional Spare Tire(508)-\$260; Limited Slip Differential(45D) Police-\$95							
1995 ESCORT FWD 4 cyl 1.9 liter, SEFISIHC Gas Engine(99J)(8 valve)							
Bore & Stroke 3.23"x3.46"; Tax H.P. 16.7; SAE H.P. 88@4400; Torque 108@3800; 114 cu.in. 1.9 liter							
Man. Trans. 5-speed; EPA Mileage Estimate 30/38							
5-PS 3-dr H.B. Standard P10	61(DA)BM	98.4"	170.0" x 66.7" x 52.5"	2229	16.7	9,680	10,070
5-PS 3-dr H.B. LX P11	61(DA)AI	98.4"	170.0" x 66.7" x 52.5"	2268	16.7	10,535	10,925
5-PS 4-dr H.B. LX P13	58(HC)AI	98.4"	170.0" x 66.7" x 52.5"	2317	16.7	11,140	11,530
5-PS 4-dr Wagon LX P15	74(F)AI	98.4"	171.3" x 66.7" x 53.6"	2364	16.7	11,525	11,915
5-PS 5-dr H.B. Sedan LX P14	54(FA)AI	98.4"	170.9" x 66.7" x 52.7"	2298	16.7	10,970	11,360
Auto. Trans. 4-speed; EPA Mileage Estimate							
5-PS 3-dr H.B. Standard P10	61(DA)BM	98.4"	170.0" x 66.7" x 52.5"	2281	16.7	10,495	10,885
5-PS 3-dr H.B. LX P11	61(DA)AI	98.4"	170.0" x 66.7" x 52.5"	2330	16.7	11,350	11,740
5-PS 4-dr H.B. LX P13	58(HC)AI	98.4"	170.0" x 66.7" x 52.5"	2379	16.7	11,955	12,345
5-PS 4-dr Wagon LX P15	74(F)AI	98.4"	171.3" x 66.7" x 53.6"	2426	16.7	12,340	12,730
5-PS 5-dr H.B. Sedan LX P14	54(FA)AI	98.4"	170.9" x 66.7" x 52.7"	2360	16.7	11,785	12,175
1995 Escort FWD 4 cyl 1.8 liter EPFI DOHC Gas Engine(998)(24 valve)							
Bore & Stroke 3.27"x3.35; Tax H.P. 17.11; SAE H.P. 127@6500; Torque 114@4500; 109 cu.in., 1.8 liter							
Man. Trans. 5-speed; EPA Mileage Estimate 25/31							
5-PS 3-dr H.B. GT P12	61(DA)AX	98.4"	170.0" x 66.7" x 52.5"	2364	17.11	12,820	13,210
Auto. Trans. 4-speed; EPA Mileage Estimate							
5-PS 3-dr H.B. GT P12	61(DA)AX	98.4"	170.0" x 66.7" x 52.5"	2423	17.11	13,635	14,025
Options Escort: Destination Charges-\$390; 4-spd Overdrive Auto. Trans.-\$815; Preferred Equip. Pkg. (321M) 3-dr-\$1185 4-dr-\$580 5-dr-\$750 wagon-\$195 (322M) 3-dr-\$2000 4-dr-\$1395 5-dr-\$1565 wagon-\$1010 (320M)-\$190 (330A)-\$435 (323S)-\$1560; Child Seat Integrated(216)-\$135; Air Conditioning((572)-\$785; Anti-Lock Brakes(552)-\$565; Comfort Group(59C)-\$860; Defroster Rear Window(57Q)-\$160; Ultra Violet Decor Group(415)-\$400; Light & Convenience Group(60A)-\$160; Dual Electric Remote Control Mirrors(54J)-\$95; Luxury Convenience Group(50A) LX-\$465 GT-\$460; Power Equip. Group(53A) 3-dr-\$515 4-dr-\$575; Moonroof Power(13B)-\$525; Wagon Group(51W)-\$240; Power Steering(52H)(LX)-\$250; Radio AM/FM Stereo(587)-\$300 w/cassette(589)-\$465 LX-\$165 w/CD(585)-\$625 LX-\$325							
1995 Thunderbird RWD 6V cyl 3.8 liter SEFI OHV Gas Engine(994)(12 valve)							
Bore & Stroke 3.8"x3.4"; Tax H.P. 34.7; SAE H.P. 140@3800; Torque 215@2400; 232 cu.in., 3.8 liter							
Auto. Trans. 4-speed; EPA Mileage Estimate 19/26							
5-PS 2-dr LX Coupe P62	BAVSAI	113.0"	200.3" x 72.7" x 52.5"	3395	34.7	17,400	17,910
1995 Thunderbird RWD V6 cyl 3.8 liter SEFI OHV Gas Engine(99R)(12 valve)							
Bore & Stroke 3.8"x3.4"; Tax H.P. 34.7; SAE H.P. 230@4400; Torque 330@2500; 232 cu.in., 3.8 liter							
Man. Trans. 5-speed; EPA Mileage Estimate 18/26							
5-PS 2-dr Super Coupe P64	BAVS8B	113.0"	200.3" x 72.7" x 53.0"	3583	34.7	22,910	23,420
Auto. Trans. 4-speed; EPA Mileage Estimate							
5-PS 2-dr Super Coupe	BAVS8B	113.0"	200.3" x 72.7" x 53.0"	3611	34.7	23,710	24,220
1995 Thunderbird RWD V8 cyl 4.6 liter SEFI SOHC Gas Engine(99W)(16 valve)							
Bore & Stroke 3.6"x3.6"; Tax H.P. 41.47; SAE H.P. 205@4500; Torque 265@3200; 281 cu.in., 4.6 liter							
Auto. Trans. 4-speed; EPA Mileage Estimate							

CODES FOR OBJECT CONTACTED

(57) Fence

(58) Wall

- (59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport

- (71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

- (77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

- (98) Other event (specify):

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>01</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>140</u>	<u>001</u>	<u>001</u>	<u>001</u>	<u>001</u>	<u>002</u>	<u>002</u>	<u>018</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

140

27. Direct Damage Width

(For highest severity impact)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

105

28. Original Wheelbase

_____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

250

29. Original Average Track Width

_____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

144

FUEL SYSTEM

30. Are CDCs Documented but Not Coded on The Automated File? 0
 (0) No
 (1) Yes
31. Researcher's Assessment of Vehicle Disposition 0
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0
 (0) No post manufacturer modifications
 (1) Yes - post manufacturer modifications (specify): _____

 (Include photograph of CERTIFICATION PLACARD in case report)
 (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence 0
 (0) No fire
 Yes, fire occurred
 (1) Minor
 (2) Major
 (9) Unknown
34. Origin of Fire 0
 (0) No fire
 (1) Vehicle exterior (front, side, back, top)
 (2) Exhaust system
 (3) Fuel tank (and other fuel retention system parts)
 (4) Engine compartment
 (5) Cargo/trunk compartment
 (6) Instrument panel
 (7) Passenger compartment area
 (8) Other location (specify): _____
 (9) Unknown

35. Location of Fuel Tank-1 Filler Cap 2
36. Location of Fuel Tank-2 Filler Cap 0
 (0) No fuel tank
 (1) On back plane
 (2) Aft of center of the rear wheels (rear axle) on left side plane
 (3) Aft of center of the rear wheels (rear axle) on right side plane
 (4) Forward of center of the rear wheels (rear axle) on left side plane
 (5) Forward of center of the rear wheels (rear axle) on right side plane
 (6) Over the center of the rear wheels (rear axle) on left side plane
 (7) Over the center of the rear wheels (rear axle) on right side plane
 (8) Other (specify): _____
 (9) Unknown
37. Type of Fuel Tank-1 2
38. Type of Fuel Tank-2 0
 (0) No fuel tank (electrical vehicle)
 (1) Metallic
 (2) Non-metallic
 (9) Unknown
39. Location of Fuel Tank-1 4
40. Location of Fuel Tank-2 0
 (0) No fuel tank
 (1) Aft of center of the rear wheels (rear axle) centered
 (2) Aft of center of the rear wheels (rear axle) left side
 (3) Aft of center of the rear wheels (rear axle) right side
 (4) Forward of center of the rear wheels (rear axle) centered
 (5) Forward of center of the rear wheels (rear axle) left side
 (6) Forward of center of the rear wheels (rear axle) right side
 (7) Over center of the rear wheels (rear axle)
 (8) Other (specify): _____
 (9) Unknown
41. Damage to Fuel Tank-1 1
42. Damage to Fuel Tank-2 0
 (0) No fuel tank
 (1) No damage to fuel tank
 (2) Deformed, no seam failure
 (3) Deformed, with a seam failure
 (4) Punctured
 (5) Lacerated (ripped)
 (6) Abraded (scraped)
 (7) Filler neck separation from the fuel tank
 (8) Other damage (specify): _____
 (9) Unknown

[illegible]



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 = 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 1 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

No	—	Deformation	=	
----	---	-------------	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

LOCATION OF INTRUSION**Front Seat**

- (11) Left
- (12) Middle
- (13) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

(97) Catastrophic

- (98) Other enclosed area (specify) _____

(99) Unknown**Third Seat**

- (31) Left
- (32) Middle
- (33) Right

MAGNITUDE OF INTRUSION

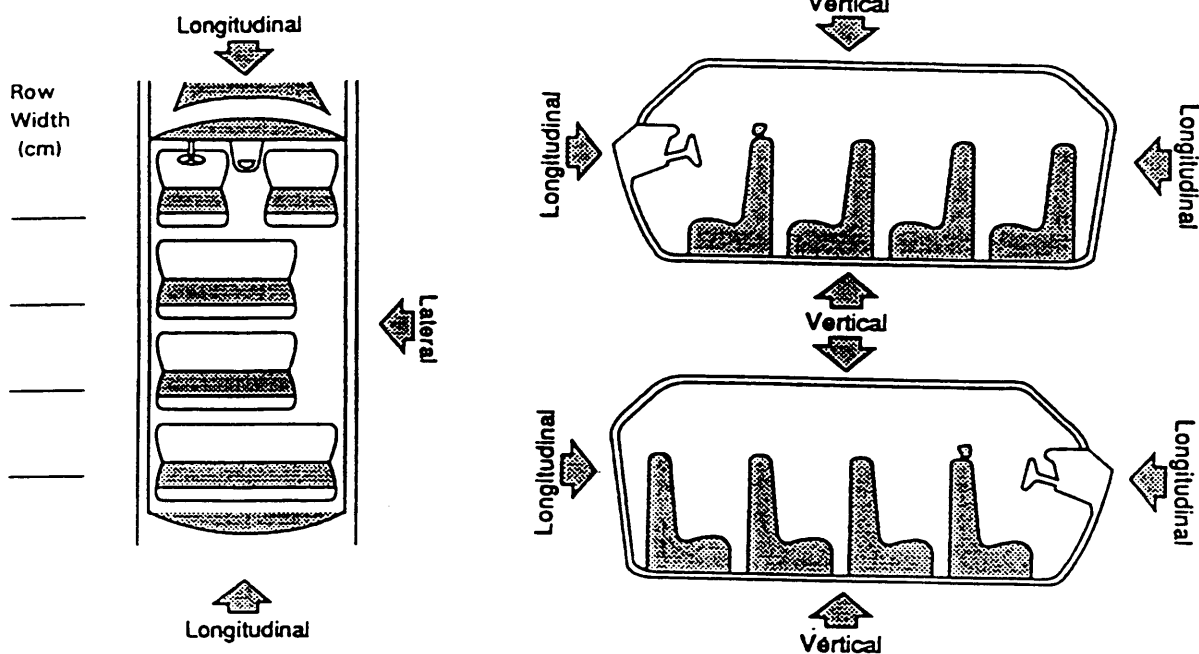
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=		
		-		=		
		No Intrusions				
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		

Document no more than the 15 most severe intrusions

STEERING COLUMN**INSTRUMENT PANEL**

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation

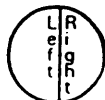
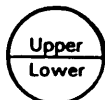
- (00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading

_____ kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

12,990 miles X 1.6093 = 20,905 kilometersSource: ODOMETER

93. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
 [] Hand controls for braking/acceleration
 [] Steering control devices (attached to OEM steering wheel)
 [] Steering knob attached to steering wheel
 [] Low effort power steering (unit or device)
 [] Replacement steering wheel (i.e., reduced diameter)
 [] Joy-stick steering controls
 [] Wheelchair tie-downs
 [] Modification to seat belts (specify): _____
 [] Additional or relocated switches (specify): _____
 [] Raised roof
 [] Wall-mounted head rest (used behind wheelchair)
 [] Other adaptive device (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	01	88
E-Source of air bag damage	01	03
F-Air bag tethered?	9	9
G-Air bag have vent ports?	2	2
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?		

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

SNAGS

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):

- (03) Object carried by occupant, (specify):

infant seat on LAP

- (04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

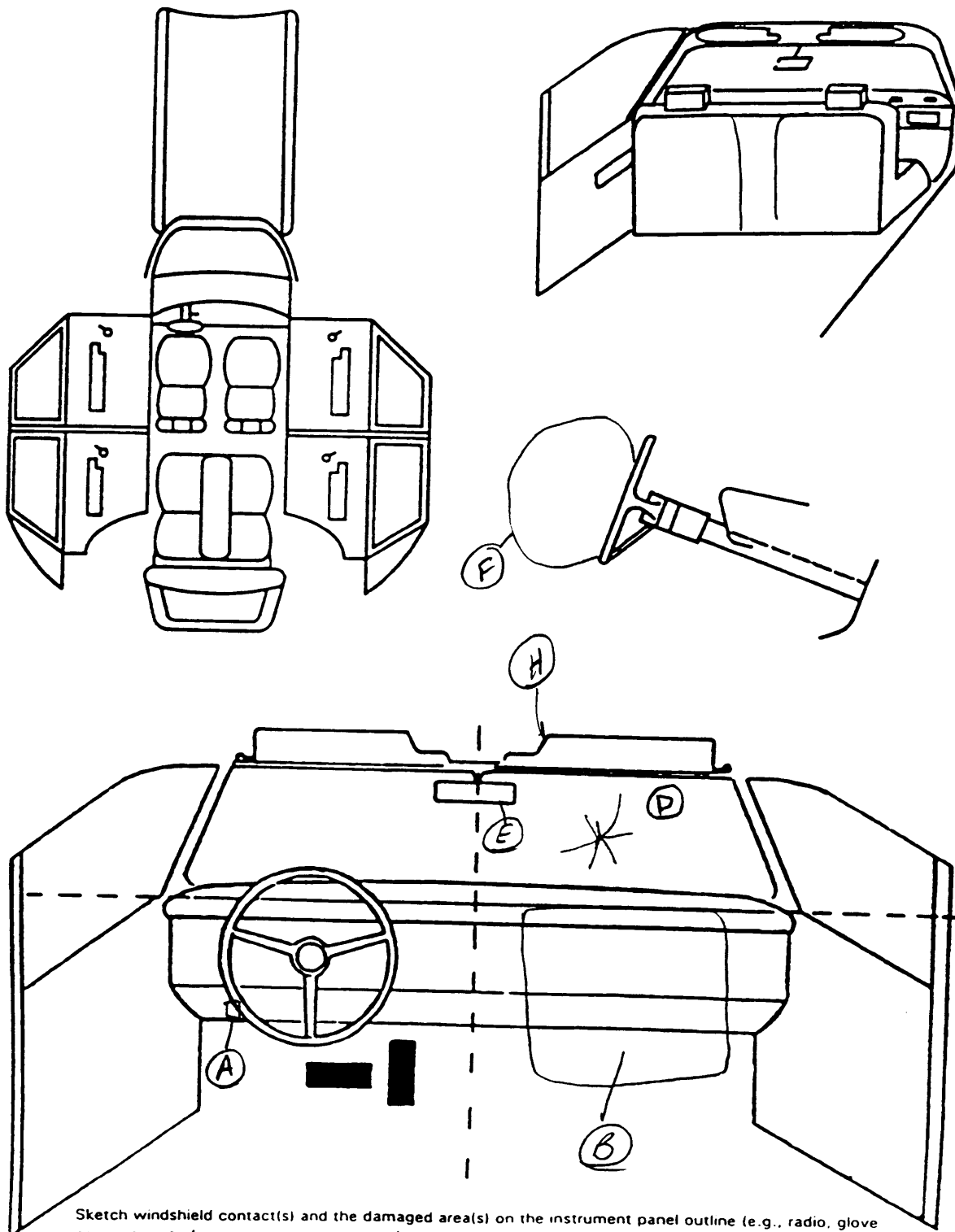
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	010	1	Knee	Clear Plastic Cover Broken	3
B	180	3		SNABS from Infant safety seat	1
C					
D	001	N/A	Broken	by AIR BAG COVER flap.	N/A
E	002	N/A		Knocked off by AIR BAG	N/A
F	170			NO EVIDENCE of contact found.	N/A
G					
H	003		Broken	by AIR BAG Deployment	N/A
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify):
 (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function	/	/	
	Deployment	/	/	
	Failure	/	/	

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

Air Bag System Deployment**(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	/	/
	B-Use	0	0
	C-Type	2	2
	D-Proper Use	0	0
	E-Failure Modes	0	0

A-Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

B-Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

C-Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used

improperly

with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	3		3
	B-Evidence of usage	00		03
	C-Used in this crash?	00		00
	D-Proper Use	0		0
	E-Failure Modes	0		0
	F-Anchorage Adjustment	0		0
SECOND	A-Availability	4	3	4
	B-Evidence of usage	04	03	04
	C-Used in this crash?	00	03	00
	D-Proper Use	0	1	0
	E-Failure Modes	0	1	0
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

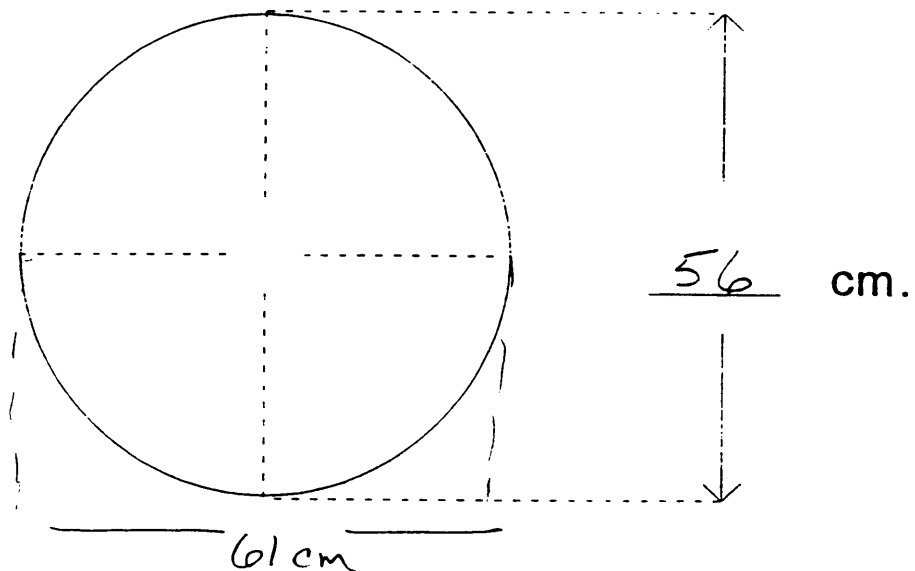
- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable Shoulder Belt Upper Anchorage

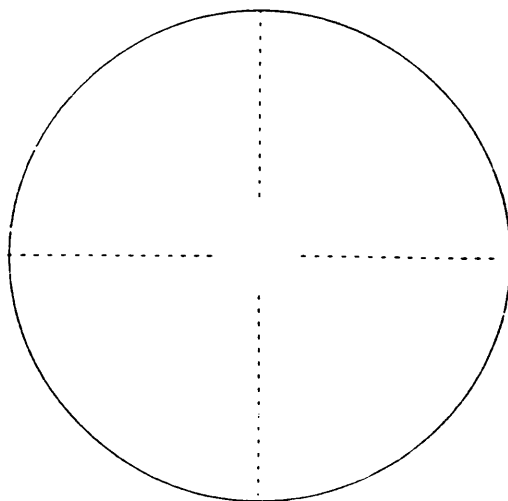
- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

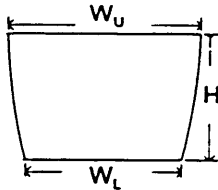


NO
EVIDENCE
found.

DRIVER AIR BAG SKETCHES (Cont'd)

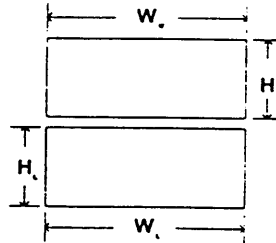
3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_u) _____ width (W_l) _____
 height (H) _____

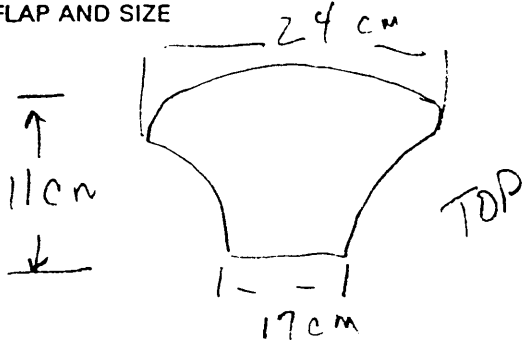


4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

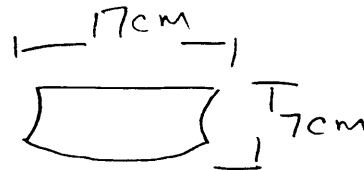
a. Upper Flap b. Lower Flap
 width (W_u) _____ width (W_l) _____
 height (H_u) _____ height (H_l) _____



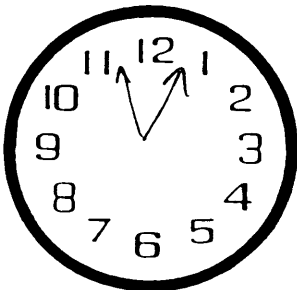
5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE



6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS



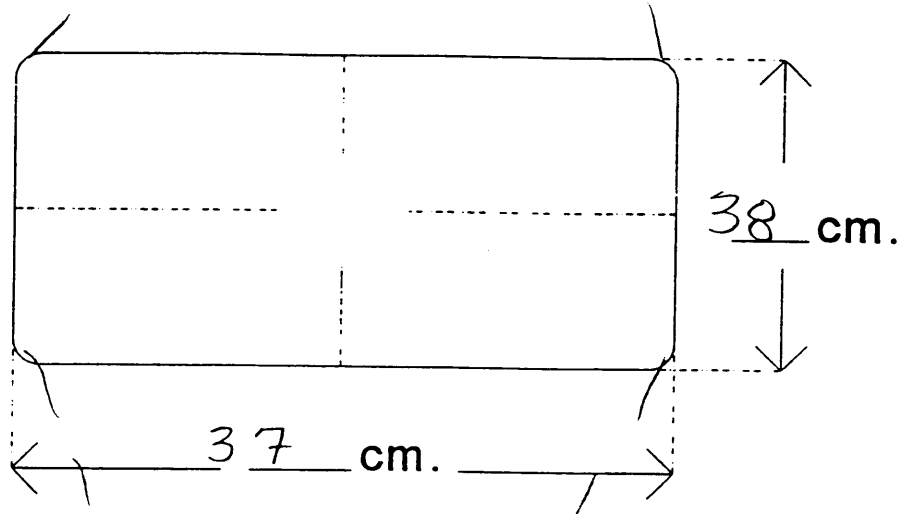
7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



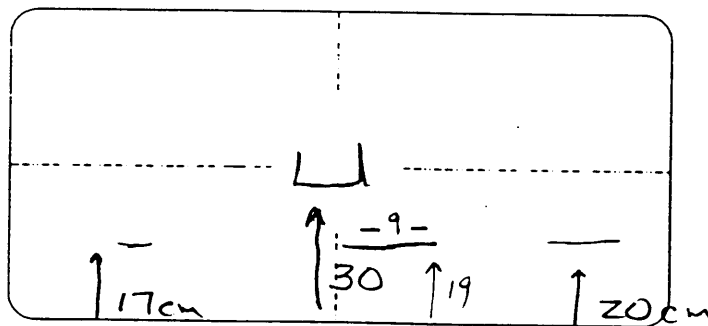
Both
 VENT
 DIAM'S
 3cm

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

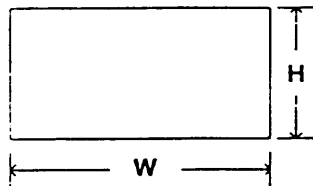


ALL
SNAGS
No contact
evidence

PASSENGER AIR BAG SKETCHES (Cont'd)

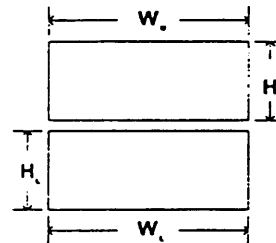
3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) 32
height (H) 17



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap b. Lower Flap
width (W_u) _____ width (W_l) _____
height (H_u) _____ height (H_l) _____

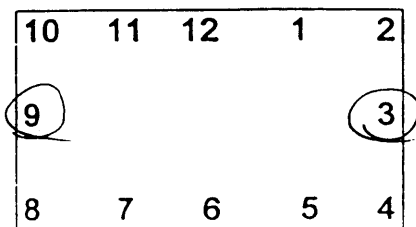


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

NO CONTACT
to flap

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



vent
Diameters

6cm

Edges singed

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	3		3
	B-Seat Type	02		02
	C-Seat Orientation	1		1
	D-Seat Track Position	6		6
	E-Seat Back Incline Pre/Post Impact	23		23
	F-Seat Performance	1		1
SECOND	A-Head Restraint Type/Damage	1	0	1
	B-Seat Type	03	03	03
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
THIRD	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	03	04				
1. Type of Child Safety Seat	1	Not				
2. Child Safety Seat Orientation	01					
3. Child Safety Seat Harness Usage	12	Avail-				
4. Child Safety Seat Shield Usage	03	able				
5. Child Safety Seat Tether Usage	03					
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____

(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

03 Evenflo
Joy Ride

HEAD RESTRAINTS/SEAT EVALUATION**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

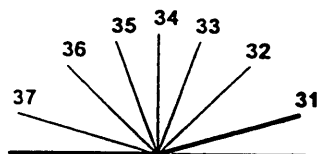
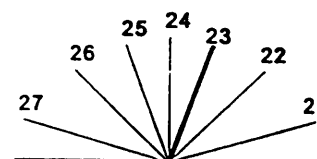
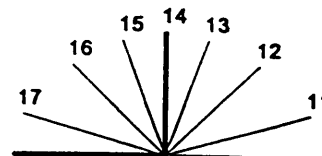
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: _____

Component(s): _____

(Note on vehicle interior sketch)

NASS CDS VEHICLE FORMS: VEHICLE #2



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

NISSAN
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

MAXIMA
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1N1HU11P5HT
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)

No VIN—Code all zeros

Unknown—Code all nines

9. Vehicle Special Use (This Trip)

(0) No special use

(1) Taxi

(2) Vehicle used as school bus

(3) Vehicle used as other bus

(4) Military

(5) Police

(6) Ambulance

(7) Fire truck or car

(8) Other (specify):

(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage

(1) Towed due to vehicle damage

(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

___ mph X 1.6093 = ___ kmph

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit in kmph

(999) Unknown

30 mph X 1.6093 = 48 kmph

13. Police Reported Alcohol Presence For Driver

(0) No alcohol present

(1) Yes alcohol present

(7) Not reported

(8) No driver present

(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)

(95) Test refused

(96) None given

(97) AC test performed, results unknown

(98) No driver present

(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver

(0) No other drug(s) present

(1) Yes other drug(s) present

(7) Not reported

(8) No driver present

(9) Unknown

16. Other Drug Specimen Test Result For Driver

(0) No specimen test given

(1) Drug(s) not found in specimen

(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not
obtained

(8) No driver present

(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present

(99999) Unknown

18. Driver's Race/Ethnic Origin

(1) White (non-Hispanic)

(2) Black (non-Hispanic)

(3) White (Hispanic)

(4) Black (Hispanic)

(5) American Indian, Eskimo or Aleut

(6) Asian or Pacific Islander

(7) Other (specify):

(8) No driver present

(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee (84 and after), Dispatcher, Raider, Bronco II, Bronco (76 and before), Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee (83 and before), Ramcharger, Trailduster, Bronco-fullsize (78 and after), fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager (83 and before), E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup (foreign), Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA19. Relation To Interchange Or Junction 2

- (0) Non-interchange area and non-junction
(1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
(3) Driveway, alley access related
(4) Other junction (specify) _____

- (5) _____
Unknown type of junction

- (9) Unknown

20. Trafficway Flow 0

- (0) Not physically divided (two way traffic)
(1) Divided trafficway-median strip without positive barrier
(2) Divided trafficway-median strip with positive barrier
(3) One way traffic
(9) Unknown

21. Number Of Travel Lanes 4

- (1) One
(2) Two
(3) Three
(4) Four
(5) Five
(6) Six
(7) Seven or more
(9) Unknown

22. Roadway Alignment 1

- (1) Straight
(2) Curve right
(3) Curve left
(9) Unknown

23. Roadway Profile 1

- (1) Level
(2) Uphill grade (> 2%)
(3) Hill crest
(4) Downhill grade (> 2%)
(5) Sag
(9) Unknown

24. Roadway Surface Type 2

- (1) Concrete
(2) Bituminous (asphalt)
(3) Brick or block
(4) Slag, gravel, or stone
(5) Dirt
(8) Other (specify): _____
(9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
(2) Wet
(3) Snow or slush
(4) Ice
(5) Sand, dirt, or oil
(8) Other (specify): _____
(9) Unknown

26. Light Conditions 1

- (1) Daylight
(2) Dark
(3) Dark, but lighted
(4) Dawn
(5) Dusk
(9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
(1) Rain
(2) Sleet/hail
(3) Snow
(4) Fog
(5) Rain and fog
(6) Sleet and fog
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
(9) Unknown

28. Traffic Control Device 1

- (0) No traffic control(s)
(1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
(3) Yield sign
(4) School zone sign
(5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)

- (7) Unknown sign

- (8) Miscellaneous/other controls including RR controls (specify): _____

- (9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
(1) Traffic control device not functioning (specify): _____

- (2) Traffic control device functioning properly
(9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 01
- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see
- Distractions*
- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 05
- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown

32. Critical Precrash Event 52**THIS VEHICLE LOSS OF CONTROL DUE TO:**

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver 01

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify): _____

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

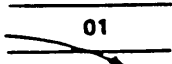
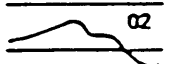
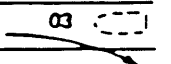
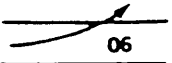
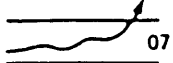
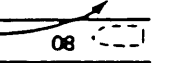
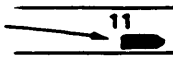


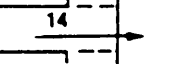

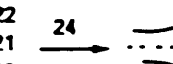
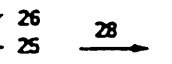

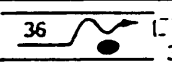

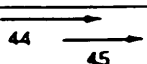
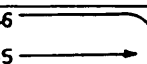
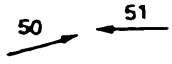

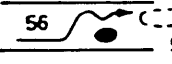

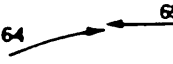
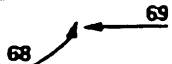
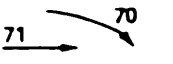
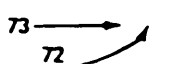
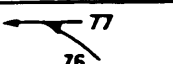
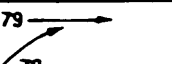
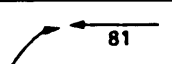


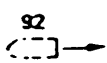
36. Accident Type 32

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify): _____

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)			
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	05 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 24 SLOWER 25, 26, 27	 28 DECEL. 29, 30, 31	09 SPECIFICS OTHER
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	10 SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45	 46 45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN	
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	(EACH • 42) (EACH • 43) SPECIFICS OTHER
	I Sideswipe Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN	
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 72	(EACH • 74) (EACH • 75) SPECIFICS OTHER
	K Turn Into Path	 77 76	 79 78	 81 80	(EACH • 84) (EACH • 85) SPECIFICS OTHER
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 87	 88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	93 OTHER VEH OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact	

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 01

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1380
 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
3040 lbs X .4536 = 1379 kgs
 Source: _____

44. Vehicle Cargo Weight 0000
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
0 lbs X .4536 = 0 kgs
 Source: Interviewee

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 052. Rear Override/Underride (this Vehicle) 1

(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

(1) 1st CDC

(2) 2nd CDC

(3) Other not automated CDC (specify):
_____*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

(4) 1st CDC

(5) 2nd CDC

(6) Other not automated CDC (specify):

(7) Medium/heavy truck or bus override (of any configuration)

(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

(996) Non-horizontal impact

(997) Noncollision

(998) Impact with object

(999) Unknown

53. Heading Angle For This Vehicle 27554. Heading Angle For Other Vehicle 280**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

(0) No towed unit

(1) Yes—towed trailing unit

(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0

(0) No

(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

(0) Not collision (for highest delta V) with tree or pole

(1) Not damaged

(2) Cracked/sheared

(3) Tilted < 45 degrees

(4) Tilted ≥ 45 degrees

(5) Uprooted tree

(6) Separated pole from base

(7) Pole replaced

(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 0 1

(00) No vehicle inspection

Delta V Calculated

(01) Reconstruction program-damage only routine

(02) Reconstruction program-damage and trajectory routine

(03) Missing vehicle algorithm

Delta V Not Calculated

(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

(05) Rollover

(06) Other non-horizontal forces

(07) Sideswipe type damage

(08) Severe override

(09) Yielding object

(10) Overlapping damage

(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

_____(98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest12 012
Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

60. Longitudinal Component of Delta V Highest12 ⊕
- 012
Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than
-0.5 kmph and less than +0.5 kmph)
(±160) ±159.5 kmph and above
(999) Unknown

61. Lateral Component of Delta V Highest2 ⊕
- 002
Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and
less than +0.5 kmph)
(±160) ±159.5 kmph and above
(999) Unknown

62. Energy Absorption Highest8402 008.400
Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

63. Impact Speed Highest998
Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(998) Trajectory algorithm not run
(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction 1
(1) Collision fits model — results appear reasonable
(2) Collision fits model — results appear high
(3) Collision fits model — results appear low
(4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest12.2 012
Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
66. Estimated Highest Delta V (Researcher Determined) <u>0</u> (0) Reconstruction Delta V coded <i>Estimated Delta V</i> (1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph <i>Other estimates of damage severity</i> (6) Minor (7) Moderate (8) Severe (9) Unknown	67. Type of Vehicle Inspection <u>2</u> (0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): <u>Interior unavailable</u> (3) Complete inspection
	DELTA V EVENT NUMBER
	68. Delta V Event Number <u>1</u> Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle (99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number <u>10</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>9617</u>	

VEHICLE IDENTIFICATION

VIN JN1HU11P5HT _____ Model Year 87
Vehicle Make (specify): NISSAN Vehicle Model (specify): MAXIMA SE

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	30cm (R) of center	ACROSS REAR Bumper	C-3

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 100.4 inches x 2.54 = 255.0 cm
 Overall Length 181.7 inches x 2.54 = 461.5 cm
 Maximum Width 66.5 inches x 2.54 = 168.9 cm
 Curb Weight 3,040 pounds x 0.4536 = 1,378.9 kg
 Average Track 57.5 inches x 2.54 = 145.5 cm
 Front Overhang _____ inches x 2.54 = _____ cm
 Rear Overhang _____ inches x 2.54 = _____ cm
 Undeformed End Width 59.1 inches x 2.54 = 150 cm
 Engine Size: cyl/displ. 1974 cc x 0.001 = 2.0 L
 I-4 4-Door _____ CID x 0.0164 = _____ L
 5-Passenger _____

Shipping Weight 2,974
 for V-6
 Curb Weight 3,074
 for V-6

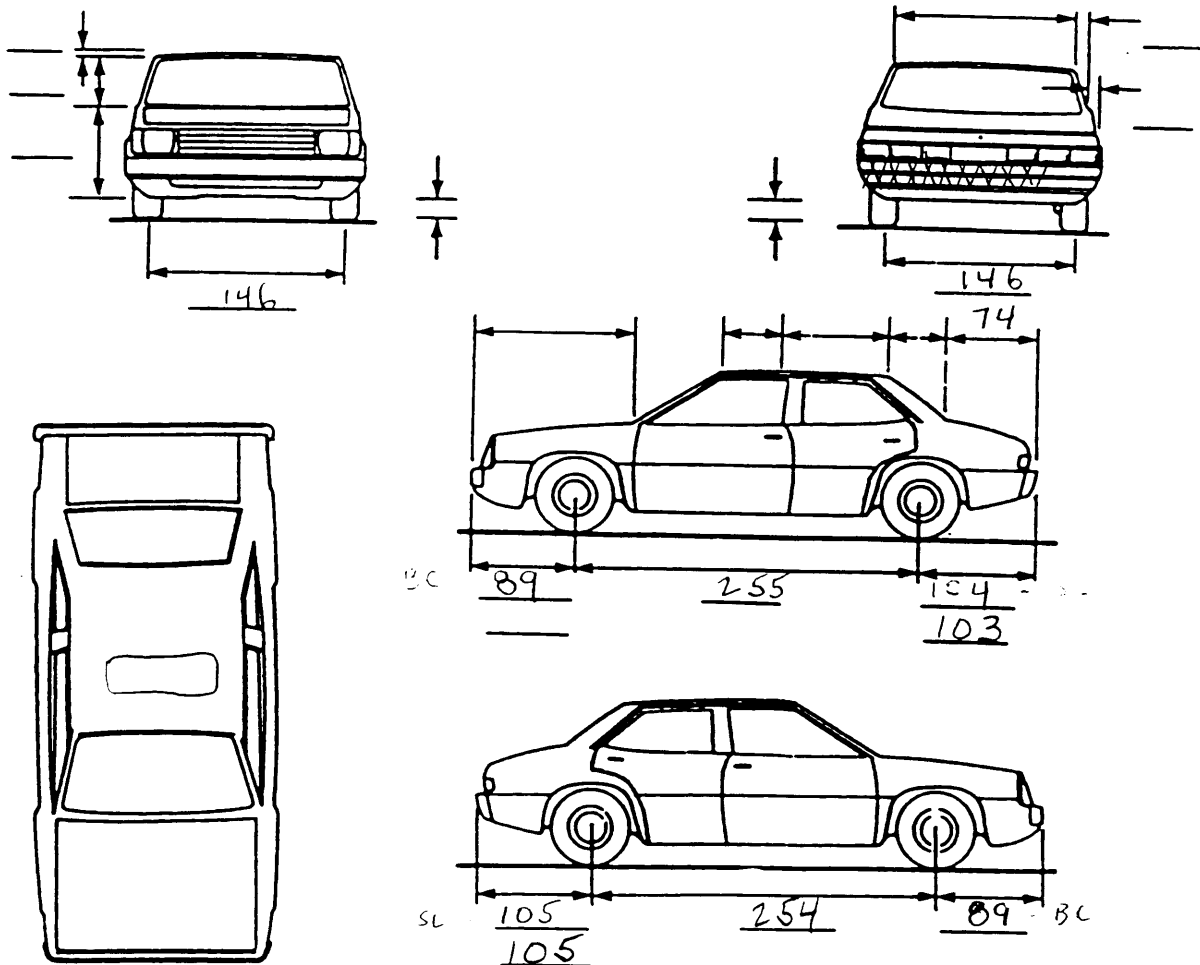
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify} Color: {specify} Repair Cost: \$
 Transmission: {circle} Automatic Manual Speed: 3-speed | 4-speed 5-speed Other:
 Steering: {circle} Power-assisted Manual Type: rack-and-pinion | worm-and-gear | Other
 {please describe}:
 Brakes: {circle} Power-assisted | Manual Type: 4-wheel disc | 4-wheel drum | 4-wheel hydraulic
 front disc, rear drum | Other:
 Observed Defects: {specify}
 Fleet Type: {circle} Private vehicle | Rental vehicle | Leased vehicle | Commercial vehicle | Other
 {please describe}:

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted b. Tire deflated RF <u>2</u> RF <u>2</u> LF <u>2</u> LF <u>2</u> RR <u>2</u> RR <u>2</u> LR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>255</u> cm Overall Length <u>461</u> cm Maximum Width <u>169</u> cm Curb Weight <u>1379</u> kg Average Track <u>146</u> cm Front Overhang _____ cm Rear Overhang _____ cm Undeformed End Width <u>150</u> cm Engine Size: cyl./displ. <u>I-4 2.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic <u>5-SP</u> END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight _____ kg		

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

AUTOMOBILE REFERENCE BOOK

NISSAN Motor Co., Ltd.,

Pass. Cap. Body Style	Model	Wheel Base	Total Lgth.	Ship. Wt.	Tax. H.P.	P.O.E. West Coast	Lst. Pr. East Coast
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1987

1987 Nissan Van Optional Equip.:

	List Price	7-Pass. XE	7-Pass. GXE
Dual Air Conditioning	\$1450	E	E
Auto. Trans./Cruise Control	800	E	S
F. Pop-Up Glass/R. Steel Sun Roof	1250	NA	E

1987 NISSAN 200SX—4-Cyl. MPI, 2.0 L. Gas Engine

Hatchback Coupes, XE Models

4-Ps. 2-dr. XE Coupe, 5-Spd. Man.	06257	95.5"	174.4"	2,571	17.71	\$10,849	\$10,849
4-Ps. 2-dr. XE Coupe, 4-Spd. Auto.	06217	95.5"	174.4"	2,616	17.71	11,499	11,499

Hatchback Coupes, XE & SE Models (Models 06657 & 06617 have V-6 3.0 L. Gas Eng.)

4-Ps. 2-dr. XE Coupe, 5-Spd. Man.	06157	95.5"	174.4"	2,660	17.71	\$11,199	\$11,199
4-Ps. 2-dr. XE Coupe, 4-Spd. Auto.	06117	95.5"	174.4"	2,705	17.71	11,849	11,849
4-Ps. 2-dr. SE Coupe, 5-Spd. Man.	06657	95.5"	174.4"	2,902	28.15	14,499	14,499
4-Ps. 2-dr. SE Coupe, 4-Spd. Auto.	06617	95.5"	174.4"		28.15	15,149	15,149

NOTE: Cubic Foot Volume, all 200SX Models are 330.6 cu. ft.

1987 Nissan 200SX Optional Equip.: Air Conditioning \$770; Auto. Trans. \$650; Power Equip. Package \$2,000; Vehicle Security System, Wheel Locks \$175.

1987 PATHFINDER SERIES, 4x4 Sport Utility, 4-Cyl., 2.4 L. SPI Gas Eng. (September 25, 1986)

2-Dr. E Sport, 5-Spd. Man.	09257			3,347	19.64	\$12,299	\$12,299
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1987 PATHFINDER SERIES, 4x4 Sport Utility, V-6, 3.0 L. SPI Gas Eng. (Sept. 25, 1986)

2-Dr. XE Sport, 5-Spd. Man.	09357			3,597	28.15	\$13,999	\$13,999
2-Dr. XE Sport, 3-Spd. Auto.	09317			3,597	28.15	14,769	14,769
2-Dr. SE Sport, 5-Spd. Man.	09457			3,677	28.15	15,399	15,399
2-Dr. SE Sport, 3-Spd. Auto.	09417			3,677	28.15	15,999	15,999

GVWR—4,960 lbs. for all models.

1987 PATHFINDER 4x4 Sport Utility Optional Equip.:

	List Price	E	XE	SE
Air Conditioning	\$770	E	E	E
Auto. Transmission Cruise Control	770	NA	E	NA
Auto. Transmission	600	NA	NA	E
Power Package	1900	NA	NA	E
Security System	175	NA	NA	E
Roof Luggage Rack	165	NA	E	E

1987 NISSAN MAXIMA SERIES, V-6/MPI 3.0 Liter Gas Engine

Nissan Maxima without Automatic Seat Belts

4-Ps. 4-dr. SE Sedan, 5-Spd. Man.	08357	100.4"	181.7"	2,974	28.15	\$16,099	\$16,099
4-Ps. 4-dr. SE Sedan, 4-Spd. Auto.	08317	100.4"	181.7"	3,054	28.15	16,849	16,849
4-Ps. 4-dr. GXE Sedan, 4-Spd. Auto.	08417	100.4"	181.7"	3,010	28.15	16,099	16,099
4-Ps. 5-dr. GXE Wagon, 4-Spd. Auto.	08517	100.4"	184.6"	3,219	28.15	16,999	16,999

1987 Nissan Maxima Optional Equipment: Automatic Seat Belts—all models \$400; Sun Roof, GXE Sedan \$700; Auto. Trans.: SE Sedan \$750 (Standard on SE Sedan & GXE Wagon; Auto. Trans. \$750 (on SE Sedan); Leather Trim \$700; Electronics Package \$700.

1987 NISSAN TRUCKS—4x2, 4-Cyl. 2.4 Liter (SPI) Gas Engine

4x2 Regular Bed (RB), Standard & Deluxe Models

2-Ps. 2-dr. RB, 5-Spd. Man.	03257	101.4"	172.8"	2,629	19.64	\$6,699	
2-Ps. 2-dr. RB, 4-Spd. Auto.	03217	101.4"	172.8"	2,664	19.64	7,349	
2-Ps. 2-dr. RB Dlx., 5-Spd. Man.	03357	101.4"	172.8"	2,659	19.64	7,299	
2-Ps. 2-dr. RB Dlx., 4-Spd. Auto.	03317(2)	101.4"	172.8"	2,694	19.64	8,219	

Long Bed (LB) Deluxe & XE Models

2-Ps. 2-dr. LB Dlx., 5-Spd. Man.	13357	110.8"	187.0"	2,709	19.64	\$7,749	
2-Ps. 2-dr. LB Dlx., 4-Spd. Auto.	13317(2)	110.8"	187.0"	2,744	19.64	8,669	
2-Ps. 2-dr. LB XE, 5-Spd. Man.	13357-V01	110.8"	187.0"	2,709	19.64	8,799	
2-Ps. 2-dr. LB XE, 4-Spd. Auto.	13317-V01	110.8"	187.0"	2,744	19.64	9,449	

NOTE: (2) Includes Power Steering.

NISSAN KING CAB: Deluxe & XE Models

4-Ps. 2-dr. K. Cab E, 5-Spd. Manual	23357	110.8"	187.0"	2,749	19.64	\$8,599	
4-Ps. 2-dr. K. Cab E, 4-Spd. Auto.	23317(2)	110.8"	187.0"	2,784	19.64	9,519	
4-Ps. 2-dr. K. Cab XE, 5-Spd. Manual	23357-V01	110.8"	187.0"	2,749	19.64	9,649	
4-Ps. 2-dr. K. Cab XE, 4-Spd. Auto.	23317-V01	110.8"	187.0"	2,784	19.64	10,299	

NISSAN TRUCKS—4x2, V-6, 3.0 Liter (SPI) Gas Engine

4x2 Regular Bed, SE Models:

2-Ps. 2-dr. RB SE, 5-Spd. Manual	03457	110.8"	187.0"	2,929	28.15	\$10,049	
2-Ps. 2-dr. RB SE, 4-Spd. Auto.	03417	110.8"	187.0"	2,964	28.15	10,749	

RB Cubic Foot Volume: 393.1 cu. ft.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>06</u>	7. <u>B</u>	8. <u>Y</u>	9. <u>L</u>	10. <u>W</u>	11. <u>01</u>

Second Highest Delta "V"

12. <u> </u>	13. <u> </u>	14. <u> </u>	15. <u> </u>	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>
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CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>150</u>	<u>001</u>	<u>001</u>	<u>003</u>	<u>001</u>	<u>000</u>	<u>000</u>	<u>0022</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

150

27. Direct Damage Width

(For highest severity impact)

Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

106

28. Original Wheelbase

Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

— inches X 2.54 = — centimeters

255

29. Original Average Track Width

Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

— inches X 2.54 = — centimeters

146

		FUEL SYSTEM	
30. Are CDCs Documented but Not Coded on The Automated File?	<u>0</u>	35. Location of Fuel Tank-1 Filler Cap	<u>2</u>
(0) No		36. Location of Fuel Tank-2 Filler Cap	<u>0</u>
(1) Yes		(0) No fuel tank	
		(1) On back plane	
31. Researcher's Assessment of Vehicle Disposition	<u>0</u>	(2) Aft of center of the rear wheels (rear axle) on left side plane	
(0) Not towed due to vehicle damage		(3) Aft of center of the rear wheels (rear axle) on right side plane	
(1) Towed due to vehicle damage		(4) Forward of center of the rear wheels (rear axle) on left side plane	
(9) Unknown		(5) Forward of center of the rear wheels (rear axle) on right side plane	
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?	<u>0</u>	(6) Over the center of the rear wheels (rear axle) on left side plane	
(0) No post manufacturer modifications		(7) Over the center of the rear wheels (rear axle) on right side plane	
(1) Yes - post manufacturer modifications (specify): _____		(8) Other (specify): _____	
_____		(9) Unknown	
(Include photograph of CERTIFICATION PLACARD in case report)		37. Type of Fuel Tank-1	<u>1</u>
(9) Unknown if vehicle is modified		38. Type of Fuel Tank-2	<u>0</u>
		(0) No fuel tank (electrical vehicle)	
		(1) Metallic	
		(2) Non-metallic	
		(9) Unknown	
		39. Location of Fuel Tank-1	<u>9</u>
		40. Location of Fuel Tank-2	<u>0</u>
		(0) No fuel tank	
		(1) Aft of center of the rear wheels (rear axle) centered	
		(2) Aft of center of the rear wheels (rear axle) left side	
		(3) Aft of center of the rear wheels (rear axle) right side	
		(4) Forward of center of the rear wheels (rear axle) centered	
		(5) Forward of center of the rear wheels (rear axle) left side	
		(6) Forward of center of the rear wheels (rear axle) right side	
		(7) Over center of the rear wheels (rear axle)	
		(8) Other (specify): _____	
		(9) Unknown	
		41. Damage to Fuel Tank-1	<u>1</u>
		42. Damage to Fuel Tank-2	<u>0</u>
		(0) No fuel tank	
		(1) No damage to fuel tank	
		(2) Deformed, no seam failure	
		(3) Deformed, with a seam failure	
		(4) Punctured	
		(5) Lacerated (ripped)	
		(6) Abraded (scraped)	
		(7) Filler neck separation from the fuel tank	
		(8) Other damage (specify): _____	
		(9) Unknown	
FIRE OCCURRENCE			
33. Fire Occurrence	<u>0</u>		
(0) No fire			
Yes, fire occurred			
(1) Minor			
(2) Major			
(9) Unknown			
34. Origin of Fire	<u>0</u>		
(0) No fire			
(1) Vehicle exterior (front, side, back, top)			
(2) Exhaust system			
(3) Fuel tank (and other fuel retention system parts)			
(4) Engine compartment			
(5) Cargo/trunk compartment			
(6) Instrument panel			
(7) Passenger compartment area			
(8) Other location (specify): _____			
(9) Unknown			

43. Leakage Location of Fuel System-1 144. Leakage Location of Fuel System-2 0

- (0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage

- (2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

45. Fuel Type-1 0146. Fuel Type-2 00*Single Fuel Type*

- (00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

- (10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0

(0) No (one or two tanks only)

Yes - More Than Two Tanks

- (1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9617
3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 00
(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 = 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2
20. BL 2 21. Roof 2 22. Other 2

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 9 25. RF 9 26. LR 9 27. RR 9
28. BL 1 29. Roof 9 30. Other 1

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1
36. BL 1 37. Roof 1 38. Other 1

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
44. BL 1 45. Roof 1 46. Other 1

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
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	—		=	
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NO DEFORMATION				
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	—	VISIBLE	=	
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	—		=	
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MINOR DAMAGE

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION**Front Seat**

- (11) Left
(12) Middle
(13) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

- (97) Catastrophic
(98) Other enclosed area (specify) _____

(99) Unknown

Third Seat

- (31) Left
(32) Middle
(33) Right

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A (A1/A2)-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Side panel - forward of the A1/A2-pillar
(11) Door panel (side)
(12) Side panel - rear of the B-pillar
(13) Roof (or convertible top)
(14) Roof side rail
(15) Windshield
(16) Windshield header
(17) Window frame
(18) Floor pan (includes sill)
(19) Backlight header
(20) Front seat back
(21) Second seat back
(22) Third seat back
(23) Fourth seat back
(24) Fifth seat back
(25) Seat cushion
(26) Back door/panel (e.g., tailgate)
(27) Other interior component (specify): _____

Exterior Components

- (30) Hood
(31) Outside surface of this vehicle (specify): _____
(32) Other exterior object in the environment (specify): _____
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s) (specify): _____
(99) Unknown

MAGNITUDE OF INTRUSION

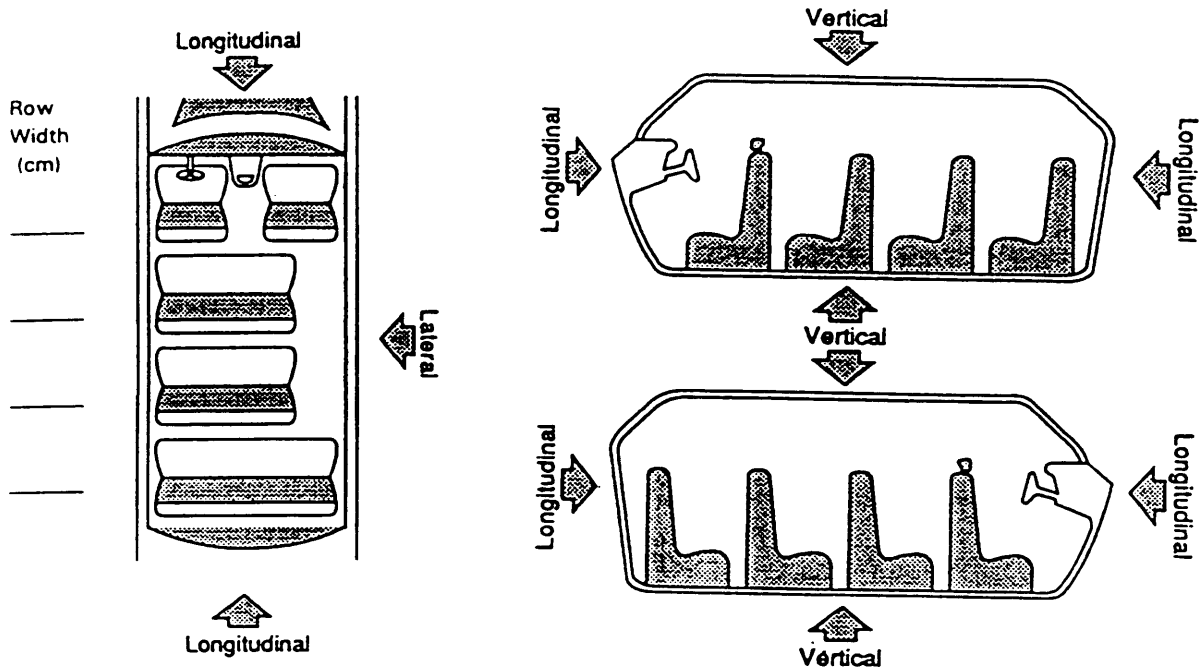
- (1) ≥ 3 centimeters but < 8 centimeters
(2) ≥ 8 centimeters but < 15 centimeters
(3) ≥ 15 centimeters but < 30 centimeters
(4) ≥ 30 centimeters but < 46 centimeters
(5) ≥ 46 centimeters but < 61 centimeters
(6) ≥ 61 centimeters
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
		-		=	
		-		=	
		NO INTRUSION			
		-		=	
		VISIBLE			
		-		=	
		MINOR DAMAGE			
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):
 (9) Unknown

Per interviewee

88. Tilt Steering Column Adjustment

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

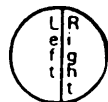
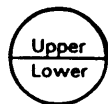
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading

_____ kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

45896 miles X 1.6093 = 73862 kilometers

Source: ODOMETER

93. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify):
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
 [] Hand controls for braking/acceleration
 [] Steering control devices (attached to OEM steering wheel)
 [] Steering knob attached to steering wheel
 [] Low effort power steering (unit or device)
 [] Replacement steering wheel (i.e., reduced diameter)
 [] Joy-stick steering controls
 [] Wheelchair tie-downs
 [] Modification to seat belts (specify):
 [] Additional or relocated switches (specify):
 [] Raised roof
 [] Wall-mounted head rest (used behind wheelchair)
 [] Other adaptive device (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	0	0
B-Flaps open at tear points?	0	0
C-Flaps damaged?	0	0
D-Air bag damaged?	00	00
E-Source of air bag damage	00	00
F-Air bag tethered?	0	0
G-Air bag have vent ports?	0	0
H-Other occupant contact air bag?	0	0
I-Occupant wearing eyewear?	0	0

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

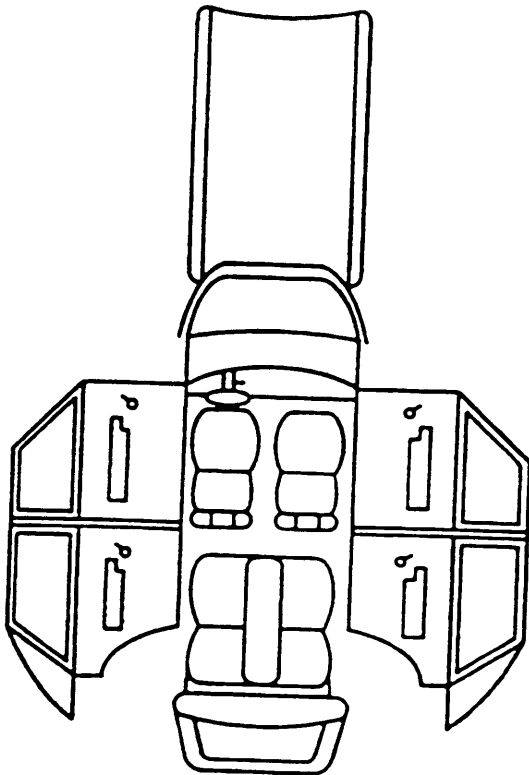
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

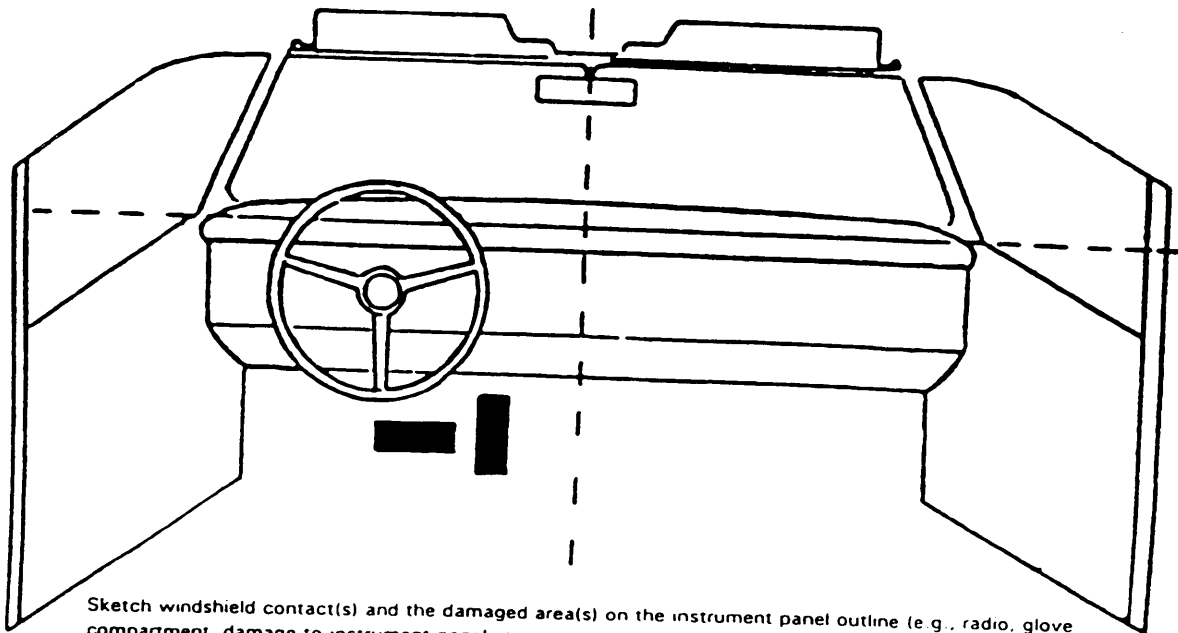
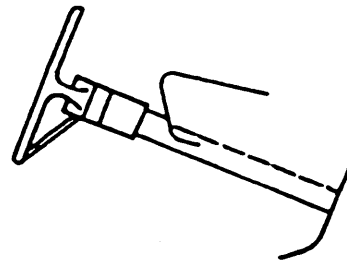
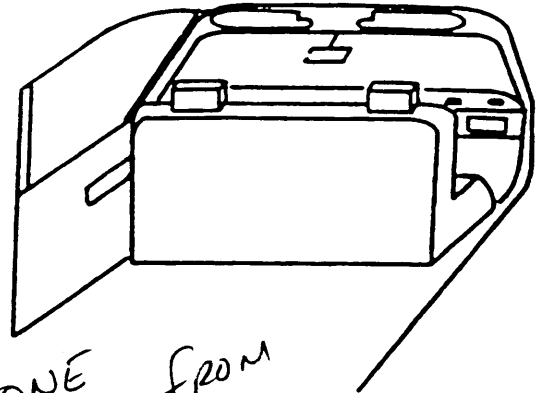
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



NONE
VISIBLE
OUTSIDE FROM



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tapedeck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify): _____
 (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify): _____
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify): _____
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify): _____

CODES FOR INTERIOR COMPONENTS**INTERIOR**

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify): _____
 (155) Head restraint system
 (160) Other occupants (specify): _____
 (161) Interior loose objects
 (162) Child safety seat (specify): _____
 (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify): _____
 (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify): _____
 (409) Additional or relocated switches, (specify): _____
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function	0	0	
	Deployment	0	0	
	Failure	0	0	

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

Air Bag System Deployment**(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Are There Indications of Air Bag**System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	1	1
	B-Use	2	2
	C-Type	2	2
	D-Proper Use	0	0
	E-Failure Modes	0	0

A-Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

B-Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

C-Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non motorized system

(2) Motorized system

(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used

improperly

with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	3	0	3
	B-Evidence of usage	9	00	9
	C-Used in this crash?	9	00	00
	D-Proper Use	9	0	0
	E-Failure Modes	9	0	0
	F-Anchorage Adjustment	1	0	1
SECOND	A-Availability	4	3	4
	B-Evidence of usage	9	9	9
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

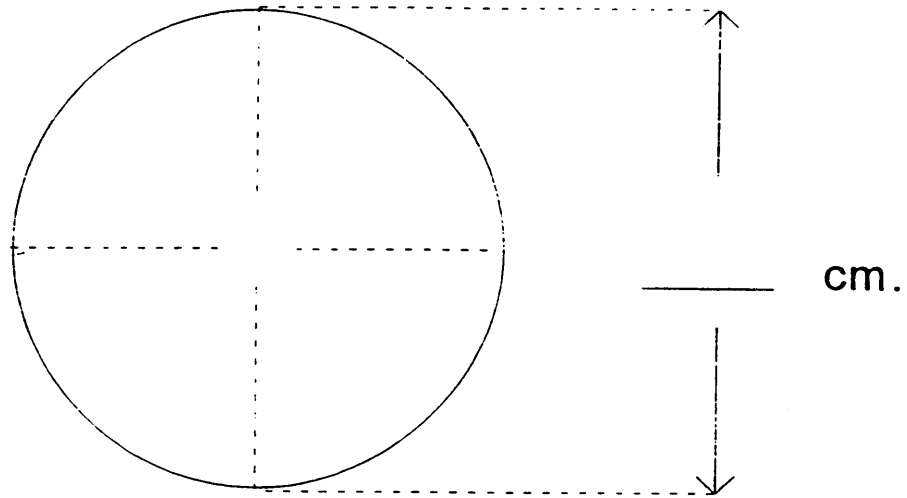
- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

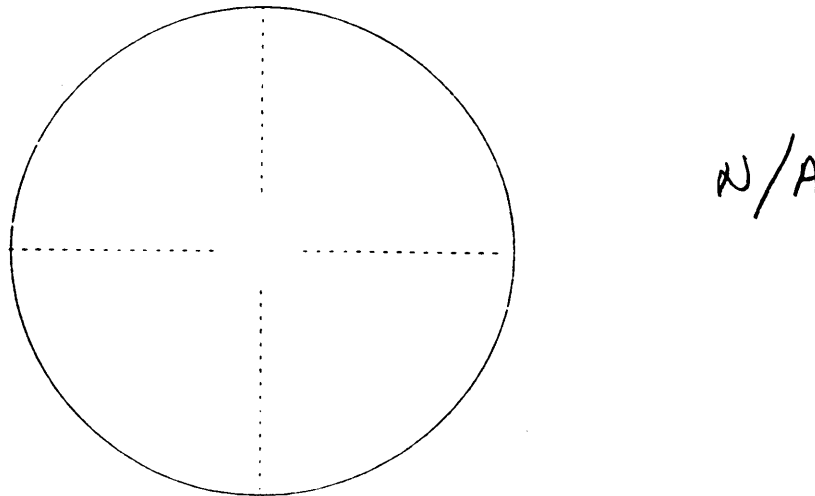
- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



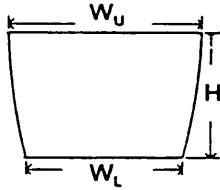
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



DRIVER AIR BAG SKETCHES (Cont'd)

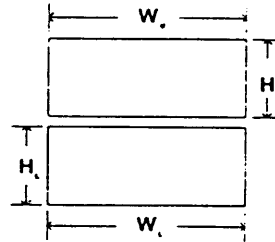
3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_u) _____ width (W_l) _____
 height (H) _____



4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

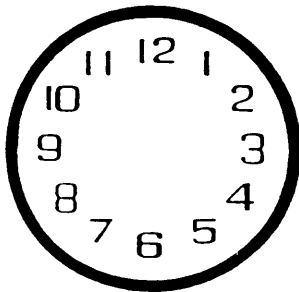
a. Upper Flap b. Lower Flap
 width (W_u) _____ width (W_l) _____
 height (H_u) _____ height (H_l) _____

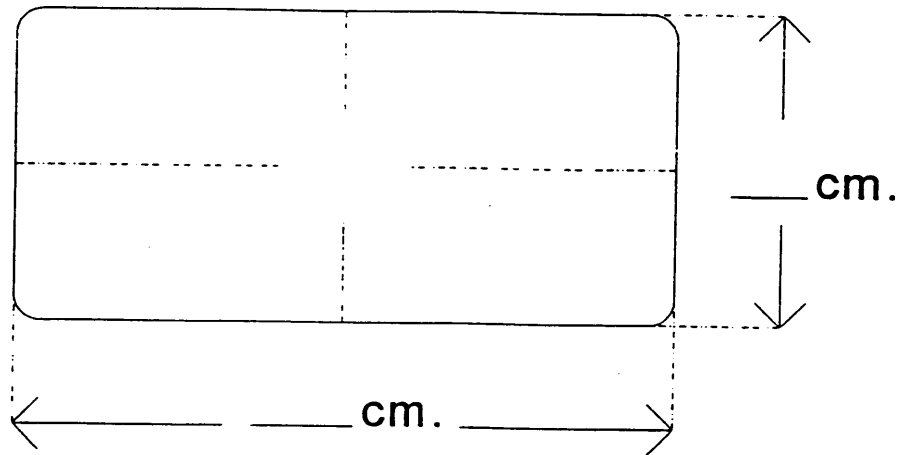


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

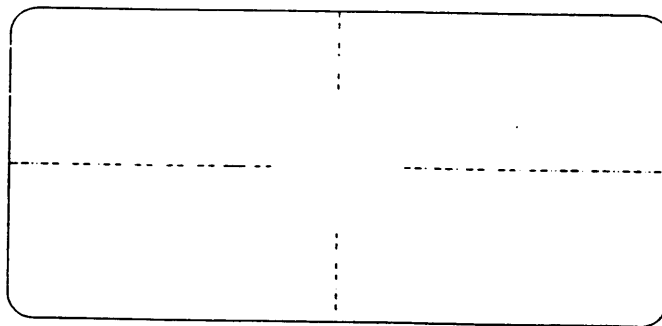
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

N/A

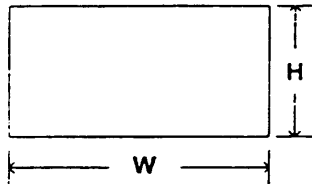


PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

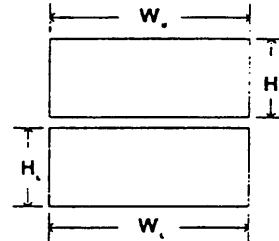
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

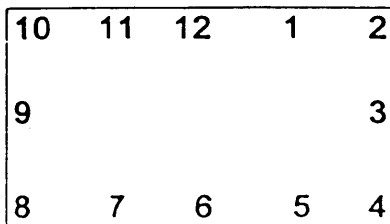
height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

N/A

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	A-Head Restraint Type/Damage	3	0	3
	B-Seat Type	02	00	02
	C-Seat Orientation	1	0	1
	D-Seat Track Position	9	0	9
	E-Seat Back Incline Pre/Post Impact	23	00	23
	F-Seat Performance	9	0	9
S E C O N D	A-Head Restraint Type/Damage	1	0	1
	B-Seat Type	03	03	03
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	9	9	9
T H I R D	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
O T H E R	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat		N/A				
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify: _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat

- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

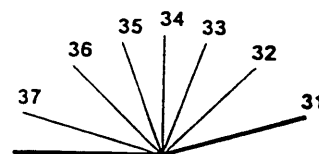
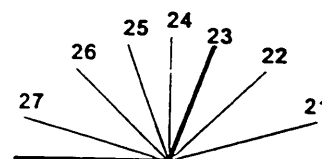
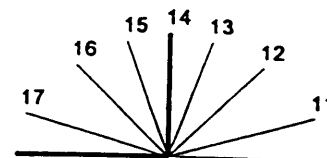
F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____

- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____

- (8) Other (specify): _____

- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: _____

Component(s): _____

(Note on vehicle interior sketch)

**NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER**



U.S. Department of Transportation

National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM1. Primary Sampling Unit Number 10

Interviewee(s) Role or Name(s): _____

2. Case Number - Stratum 9617DRIVER3. Vehicle Number 01

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

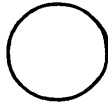
If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was W/B on ~~XXXXXX~~ in (C) Lane
coming up to Lite Lite GREEN then
changed to RED CAR in front hit
brakes I swerved to R lane CAR in
front hit brakes I hit brakes slid
into other car

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS**SPECIFIC QUESTIONS TO ASK INTERVIEWEE**

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify): _____
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify): _____
SIGN OR SIGNAL PRESENT? (check all that apply)	<input checked="" type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input checked="" type="checkbox"/> 11-20 ⁵ <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input checked="" type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input type="checkbox"/> Original travel lane <input checked="" type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN

☐ On roadway ☐ On shoulder ☐ On roadside or median
☐ Unknown

ROLLOVER CAUSE?

☐ Other vehicle (specify vehicle number) _____
☐ Contact to object (specify): _____
☐ Other cause (specify): _____
☐ Unknown

DIRECTION OF VEHICLE ROLL?

☐ Toward the right (passenger side)
☐ Toward the left (driver side)
☐ End-over-end
☐ Unknown

NUMBER OF TURNS

____ Number of QUARTER TURNS ☐ Unknown
____ Number of COMPLETE TURNSPLANE IN CONTACT WITH
GROUND AT FINAL REST?☐ Left side ☐ Top
☐ Right side ☐ Wheels
☐ Unknown**FIRE DATA**

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTIONFIRE STARTED, OR SMOKE
WAS FIRST SEEN ...☐ Under the hood ☐ In the trunk/cargo area
☐ Behind the instrument panel ☐ Under the vehicle
☐ In the passenger compartment ☐ From other involved vehicle
☐ UnknownFIRE START WITH THE
ELECTRICAL SYSTEM?☐ No ☐ Unknown☐ Yes (specify):FIRE START WITH THE FUEL
SYSTEM?☐ No ☐ Unknown☐ Yes -- specify Which part of the fuel system may have been involved?
☐ Fuel tank
☐ Fuel lines
☐ Engine compartment (specify component if known)
☐ Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>95</u> Make: <u>FORD</u> Model: <u>ESCORT 4DR SDN</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<u>All closed had A/C on</u> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <u>broken open per inspection</u> <input checked="" type="checkbox"/> Unknown - <u>per DRIVER</u>
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: <u>just both car seats</u> <u>& Diaper bag</u> Approximate weight - <u>15</u> pounds
VEHICLE MILEAGE	_____ miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ <u>N/A</u> Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input checked="" type="checkbox"/> Residential [] Commercial [] Industrial [] Agricultural [] Undeveloped [] School [] Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) [] Cloudy (partially cloudy, no precipitation) [] Overcast (full cloud cover, no precipitation) [] Precipitating [] Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation [] Unknown [] Raining [] Freezing rain [] Sleet [] Snowing [] Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry [] Wet [] Snowy, slushy [] Icy [] Other (e.g., sand, dirt, oil on surface, etc.) [] Unknown
How would you describe the amount of traffic at the time of the crash?	[] Heavy <input checked="" type="checkbox"/> Moderate [] Light [] No other traffic present
What is your occupation?	[] Professional [] Technical [] Government official [] Management [] Proprietors [] Sales [] Clerical [] Craftsman and foreman [] Service worker [] Student [] Farmers and farm-managers [] Farm labors and foreman [] Private household worker [] Housewife [] Other: <u>collector</u>
How long have you driven this vehicle?	Years: <u>96</u> Months: <u>6</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>12,990</u>
How often do you drive this particular roadway?	[] Daily [] Twice weekly [] Once weekly <input checked="" type="checkbox"/> Twice monthly [] Once monthly [] Very infrequently [] First time on road
Where were you coming from just prior to the crash?	<input checked="" type="checkbox"/> Home [] Work [] School [] Shopping [] Social/recreational [] Restaurant [] Personal business [] Other: _____
Where were you intending to go when the crash occurred?	[] Home [] Work [] School [] Shopping <input checked="" type="checkbox"/> Social/recreational [] Restaurant [] Personal business [] Other: <u>Relatives</u>

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

SEATING POSITION?		DRIVER	OCCUPANT # 2	OCCUPANT # 3
Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	FR	Sitting on Lap of occup #2	
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 59 WEIGHT: 180 AGE: 21 DRIVER OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 54 162.6 WEIGHT: 160 72.6 AGE: 21	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: 7 DAYS	
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above G-in infant seat on Lap of occup #2	
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A F/J 9-3	Indicate all letters that apply and further describe as needed A Holding child seat UNK How ARMS positioned holding seat. maybe L in front R on Rear top	Indicate all letters that apply and further describe as needed IN CAR seat	

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA CONTINUED ON NEXT PAGE

Held seat w/child against chest
prior to impact.

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <i>1 Infant Seat</i> <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input checked="" type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input checked="" type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slightly reclined</td> <td><input checked="" type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Slightly reclined	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input checked="" type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input checked="" type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward																																																		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		

TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT

☒ Not adjustable ☐ Full up ☐ Between full up and center
☐ Center ☐ Between center and full down
☐ Full down ☐ Unknown

TELESCOPING STEERING COLUMN PRIOR TO IMPACT

☒ Not adjustable ☐ Full back ☐ Between full back and midpoint
☐ Midpoint ☐ Between midpoint and full forward
☐ Full forward ☐ Unknown

Did this vehicle have a cellular phone in it during the crash?

☒ No
☐ Yes - describe type: _____
 (e.g., portable, mounted in vehicle, flip phone, etc.)
☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☒ Talking to or listening to another occupant (specify):
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify):
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleepy / asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input checked="" type="checkbox"/> Not available * * Describe: <i>on lap in infant seat</i>
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? <i>(i.e., 2-point automatic belt)</i>	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", WERE THEY WORKING PROPERLY?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? <i>(i.e., 3-point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Describe any breaks, tears, or failures to any of the seat belts:			

NO

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input checked="" type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input checked="" type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: <i>Daughter in car seat</i>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

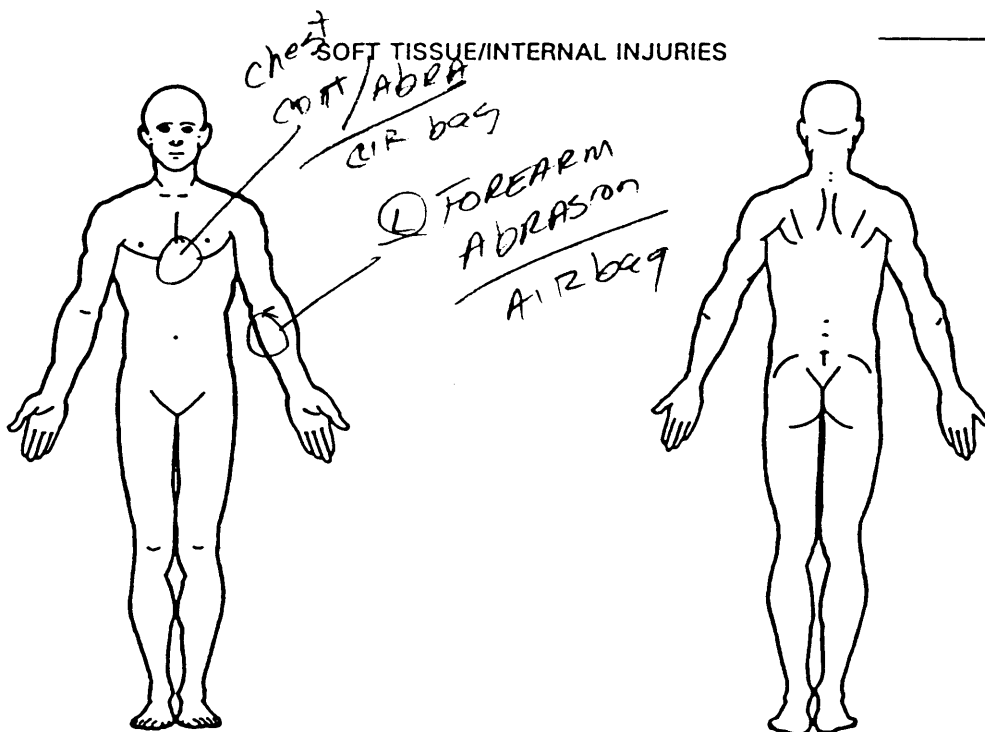
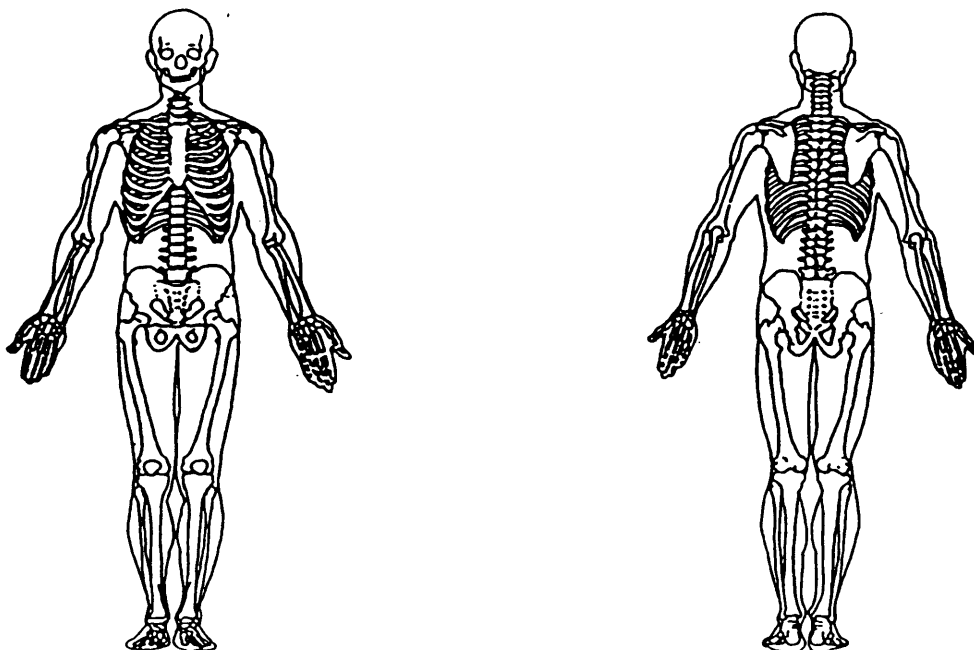
☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # <u>3</u>	OCCUPANT # <u> </u>
MAKE AND MODEL OF THE SAFETY SEAT?		Evenflo CARSEAT CARRIER Joy Ride	
TYPE OF SEAT?		<input checked="" type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): <u>N/A</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input checked="" type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION

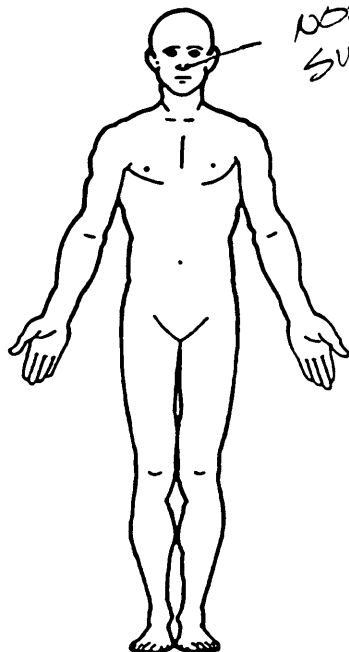
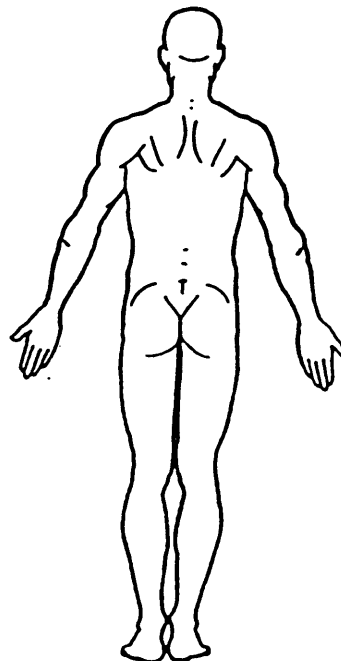
	DRIVER	OCCUPANT # 2	OCCUPANT # 3
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input checked="" type="checkbox"/> No <i>went to police</i> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <i>went w/ Baby</i> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input checked="" type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <i>N/A</i> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <i>N/A</i> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			██████ <i>Co 1 hosp</i>
RECEIVE ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? <i>* If not an in-person interview, make appointment to have release signed</i>	<input type="checkbox"/> No <i>send to Attny</i> <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 9617 Vehicle Number 01 Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER**SKELETAL INJURIES**

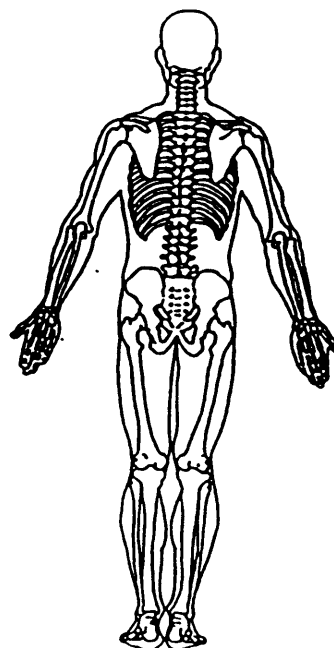
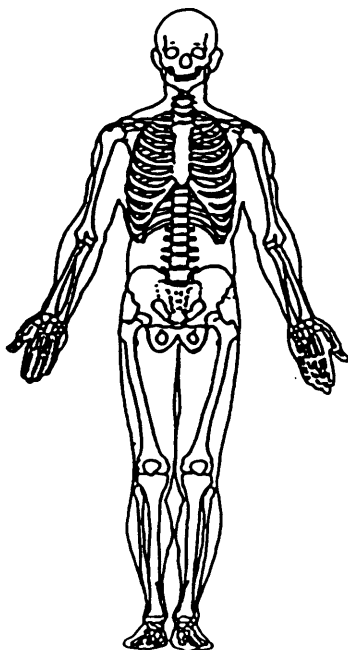
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9617 Vehicle Number 01 Occupant Number 02**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER/Husbandthis occup

SOFT TISSUE/INTERNAL INJURIES

nose
swollen
bleeding

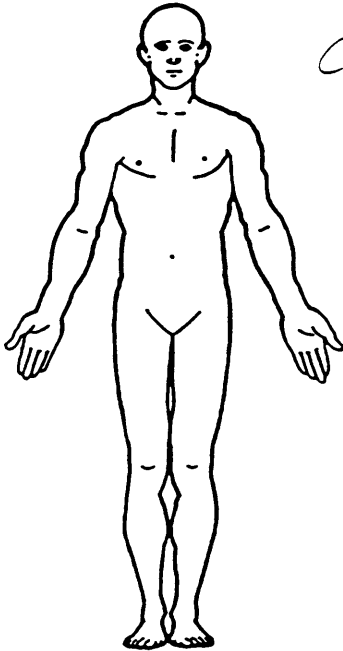
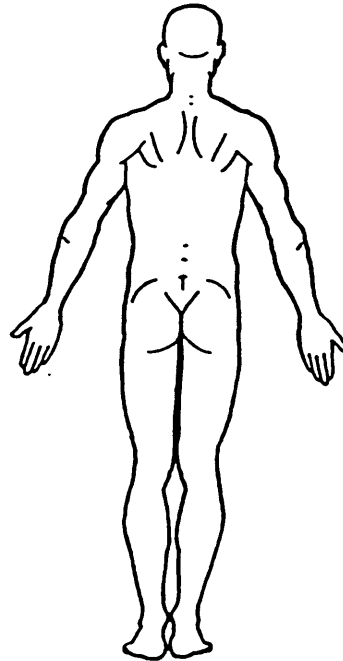
SKELETAL INJURIES



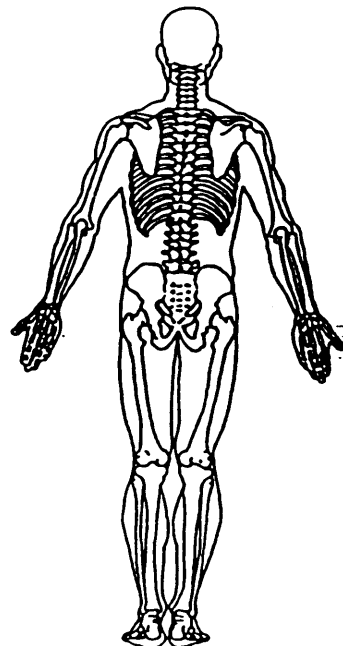
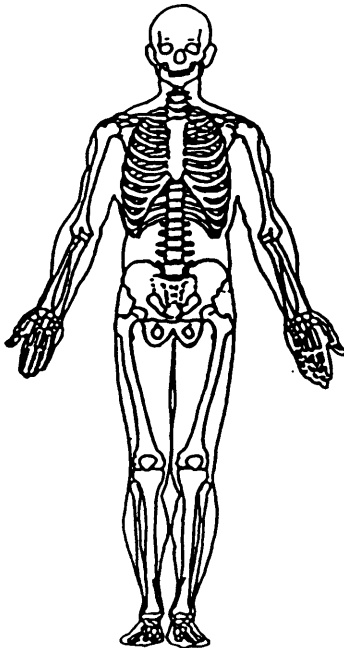
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9617 Vehicle Number 01 Occupant Number 03**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER - DAD3 motherBroth
in 1st
n/r

SOFT TISSUE/INTERNAL INJURIES

CRANIAL
injury

SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT DATA QUESTIONS SUPPLEMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9617
3. Vehicle Number 01

Interviewee(s) Role or Name(s): DRIVER
Phone number: _____

OCCUPANT DATA QUESTIONS

	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # _____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	<u>2L</u>	<u>2R</u>	
SEX, HEIGHT, WEIGHT, AND AGE? <u>101.6</u> <u>13.6</u>	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>40"</u> WEIGHT: <u>30</u> AGE: <u>11 mos.</u>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>4'5"</u> WEIGHT: <u>100</u> AGE: <u>12</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - nk. if pregnant <u>134.6</u> HEIGHT: _____ <u>45.4</u> WEIGHT: _____ AGE: _____
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above

Describe any additional information here:

OCCUPANT DATA QUESTIONS (continued)

	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u> </u>
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <p style="text-align: center;"><u>FEET</u></p> <p>A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown</p> <p style="text-align: center;"><u>HANDS / ARMS</u></p> <p>F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown</p>	<p>Indicate all letters that apply and further describe as needed</p> <p style="font-size: 1.5em; text-align: center;">Hanging OVER seat</p> <p style="font-size: 2em; text-align: center;">K</p>	<p>Indicate all letters that apply and further describe as needed</p> <p style="font-size: 1.5em; text-align: center;">A</p> <p style="font-size: 2em; text-align: center;">K</p>	<p>Indicate all letters that apply and further describe as needed</p>
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
ADJUSTABLE SEAT <u>TRACK</u>, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
ADJUSTABLE SEAT <u>BACK</u>, IF "YES" WHERE WAS THE <u>BACK</u> PRE AND POST IMPACT	<p style="text-align: center;"><u>PRE POST</u></p> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	<p style="text-align: center;"><u>PRE POST</u></p> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	<p style="text-align: center;"><u>PRE POST</u></p> <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown

RESTRAINT INFORMATION

	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u> </u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
DO ANY OF THE BELTS ATTACH TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <i>across shield of safety seat</i> <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input checked="" type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u> </u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes • <input type="checkbox"/> Unknown • If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes • <input type="checkbox"/> Unknown • If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes • <input type="checkbox"/> Unknown • If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input checked="" type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Due to
AbE
1/ mos.

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)

☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____
DID AIR BAG INFLATE DURING THIS CRASH? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: _____

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	OCCUPANT # <u>4</u>	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?	<u>UNKNOWN</u> <u>MAKE / MODEL</u>		
TYPE OF SEAT?	<input type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

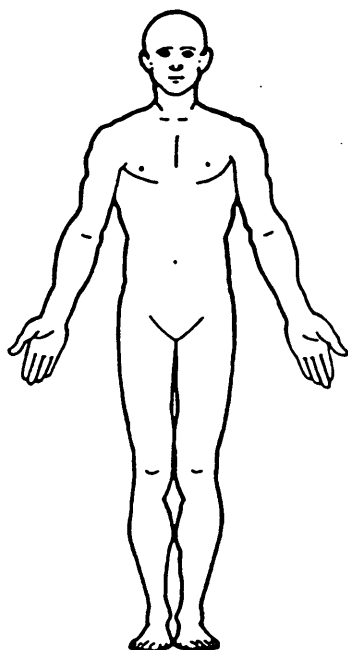
INJURY INFORMATION			
	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u> </u>
WERE YOU INJURED? • If "YES" go to manikin page and record injuries in detail • If "NO" ask next questions	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin <u>NO</u>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin <u>NO</u>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVED ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? • If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 9617 Vehicle Number 01 Occupant Number 04

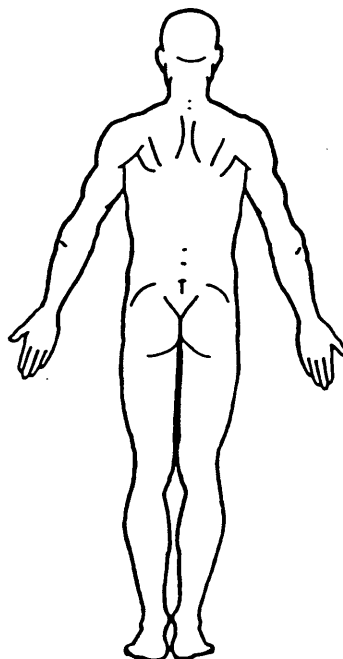
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

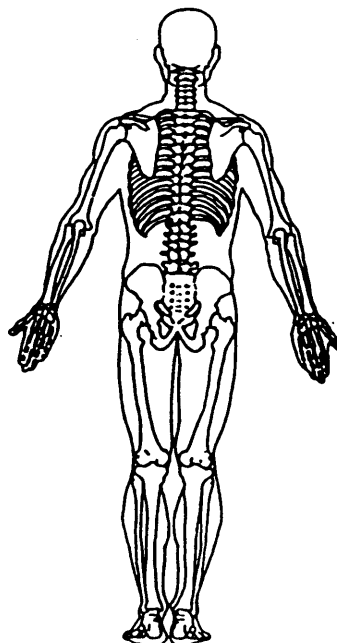
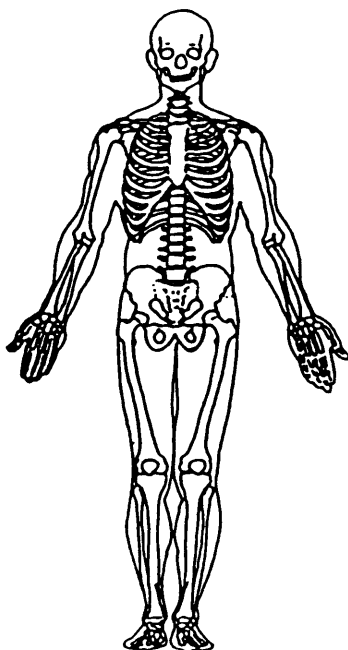
SOFT TISSUE/INTERNAL INJURIES



NONE



SKELETAL INJURIES



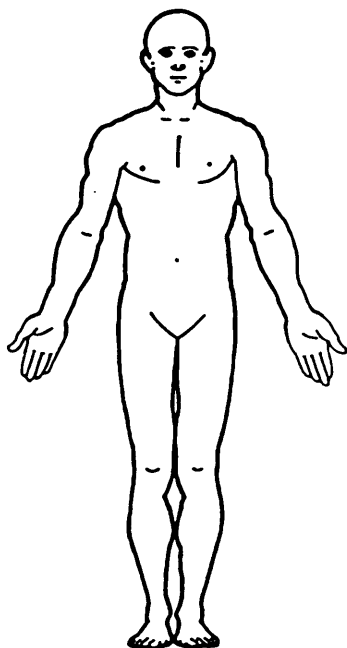
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9617 Vehicle Number 01 Occupant Number 05

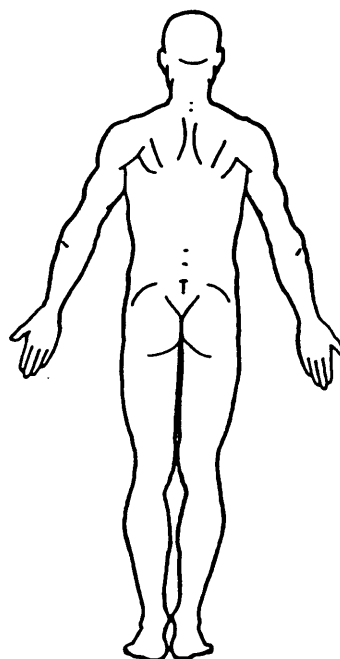
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

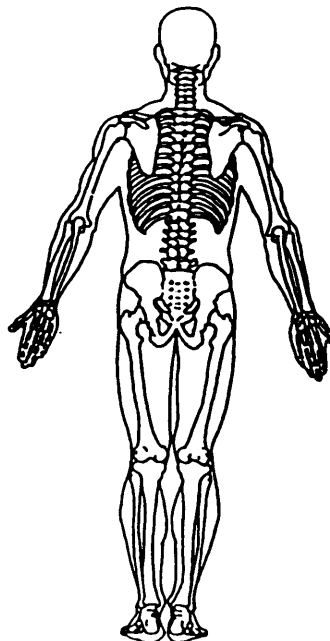
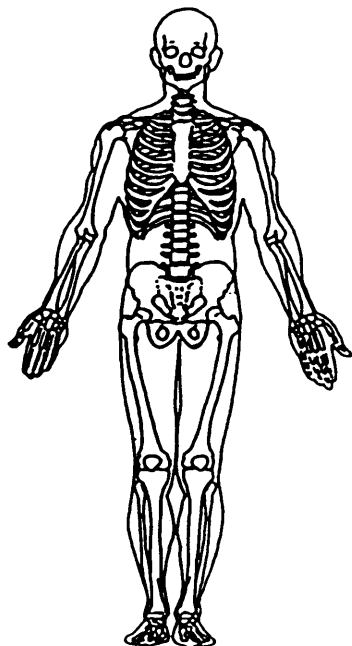
SOFT TISSUE/INTERNAL INJURIES



NONE



SKELETAL INJURIES



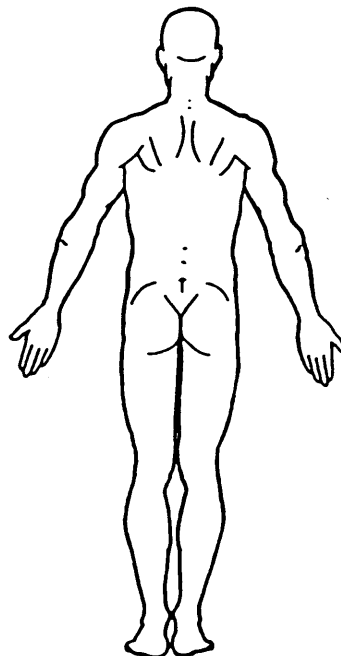
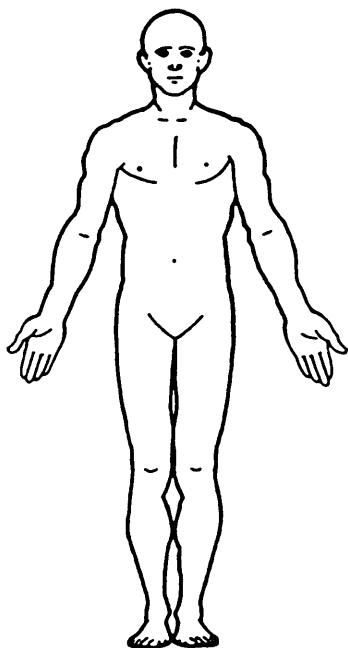
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____

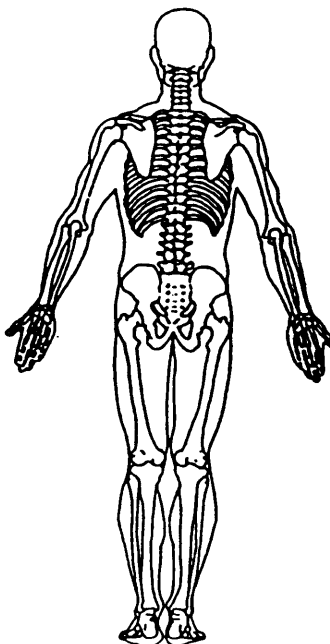
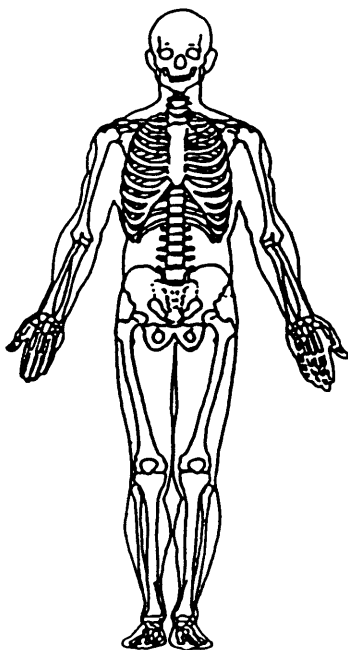
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS INTERVIEW FORM:
VEHICLE #2 DRIVER



INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

Interviewee(s) Role or Name(s):

2. Case Number - Stratum

9617

DRIVER

3. Vehicle Number

02

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I WB was stopped waiting for light the guy hit me in REAR. CAR WAS pushed a little forward few feet I HEARD his brakes squeeling

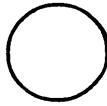
* DRIVER unable to speak english very well not very good at understanding english either

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

How far did your veh get shoved forward after the crash? pushed a little forward, not into intersection

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input checked="" type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input checked="" type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input checked="" type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input checked="" type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input checked="" type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	only 1 impact

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION



YEAR, MAKE AND MODEL?	Year: 19 <u>88</u> Make: <u>NISSAN</u> Model: <u>MAXIMA</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown <i>Does not understand?</i>
CARGO IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - describe: Approximate weight - _____ pounds
VEHICLE MILEAGE	<u>VI</u> miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____ _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Undeveloped <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> School
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown	
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing	
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown	
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No other traffic present <i>Doesn't understand?</i>	
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input checked="" type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____ <i>FLOOR SANDER</i>	
How long have you driven this vehicle?	Years: _____ Months: <u>2</u>	
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>4000</u> <i>MY FIRST CAR</i>	
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input checked="" type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road	
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____	
Where were you intending to go when the crash occurred?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____	

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'5"</u> WEIGHT: <u>138</u> AGE: ____ DRIVER OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed <div align="center" style="font-size: 2em;">A</div> <div align="center" style="font-size: 2em;">F</div>	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

IN 9617

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input checked="" type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input checked="" type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		
TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Center <input type="checkbox"/> Full down	<input type="checkbox"/> Full up <input type="checkbox"/> Between center and full down <input type="checkbox"/> Unknown																																																	
TELESCOPING STEERING COLUMN PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward	<input type="checkbox"/> Full back <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown																																																	

Did this vehicle have a cellular phone in it during the crash?

☒ No☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown*(Note to researcher: try to determine any driver distractions without implying fault)*

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify):
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleepy / asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? <i>(i.e., 2-point automatic belt)</i>	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? <i>(i.e., 3-point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input checked="" type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Describe any breaks, tears, or failures to any of the seat belts:			

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved. <i>PER INVESTIGATION</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment <i>veh. insp</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

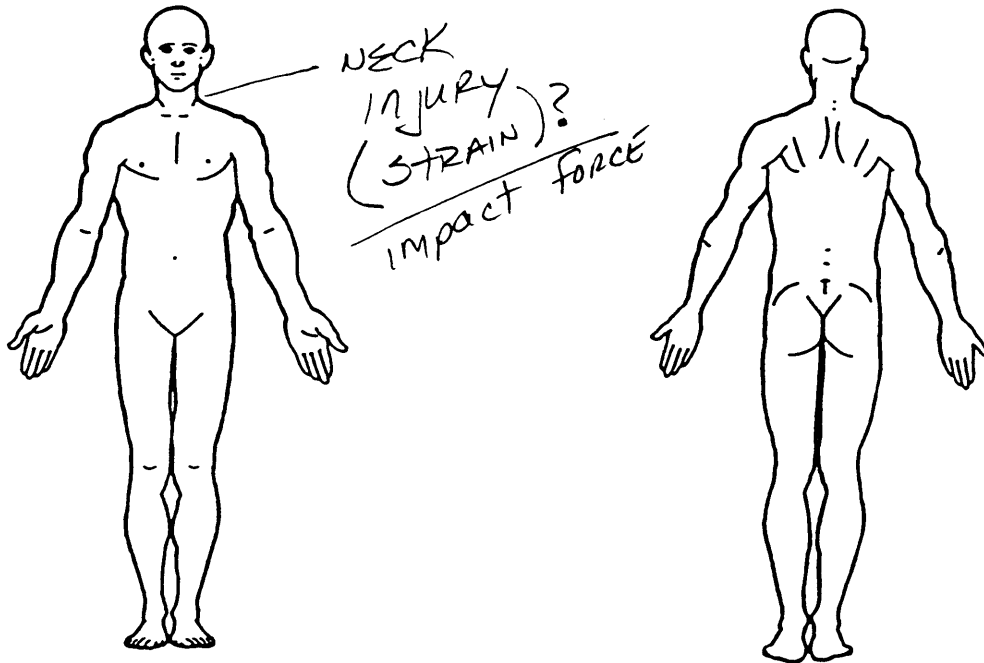
Describe any additional information here:

INJURY INFORMATION

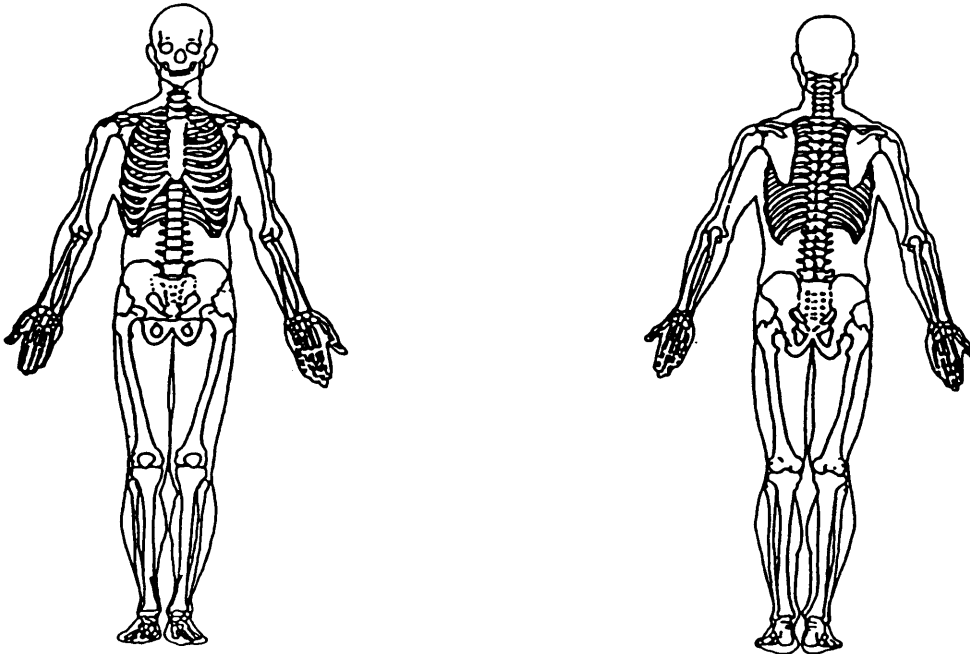
	DRIVER	OCCUPANT # ____	OCCUPANT # ____
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input checked="" type="checkbox"/> Internal injury <input checked="" type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? (check all that apply)	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input checked="" type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVE ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days <u>8</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10Case Number—Stratum 9617Vehicle Number 02Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES



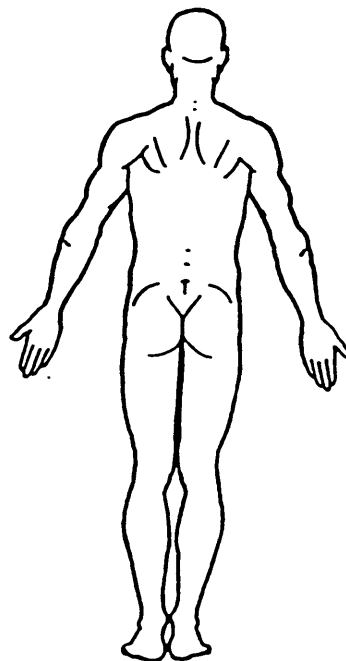
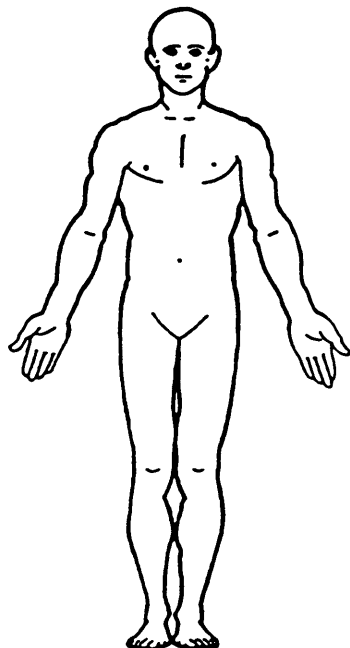
SKELETAL INJURIES



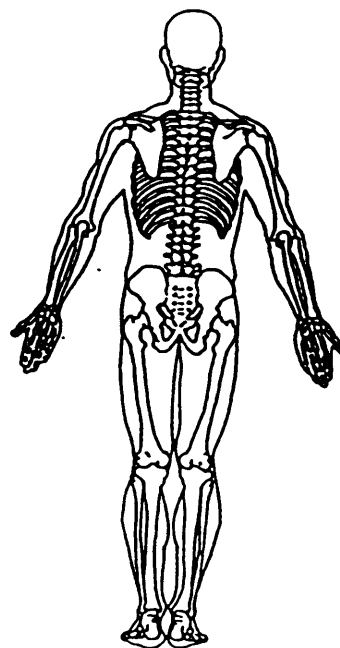
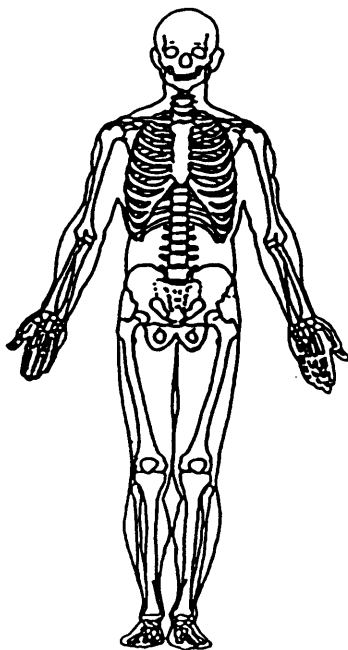
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



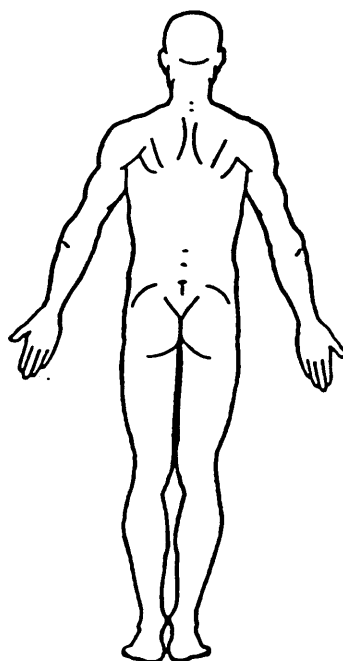
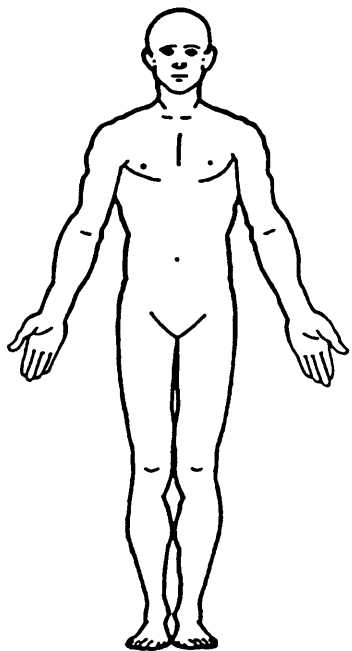
SKELETAL INJURIES



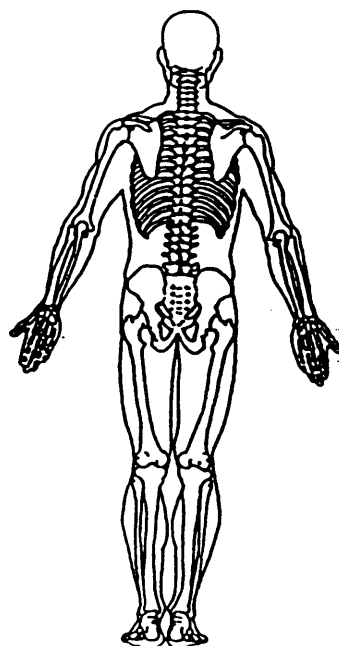
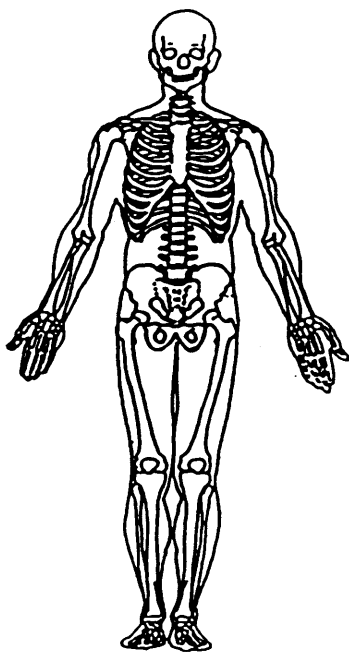
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9617

3. Vehicle Number

01

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

21

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

175

Code actual height to the nearest
centimeter.

(999) Unknown

69 inches X 2.54 = 175 centimeters

8. Occupant's Weight

082

Code actual weight to the nearest
kilogram.

(999) Unknown

180 pounds X .4536 = 81.6 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

4

NASS CDS OCCUPANT ASSESSMENT FORM:
VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

65 inches X 2.54 = 165.1 centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

138 pounds X .4536 = 62.6 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):(9) Unknown21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor(7) Combination of above (specify):(8) Other manual belt failure (specify):(9) Unknown22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 1

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 2

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): man. Disconnected
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 2

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):(8) Other improper use of automatic belt system (specify):(9) Unknown27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor(7) Combination of above (specify):(8) Other automatic belt failure (specify):(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 0

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function 0

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 013

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 9
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

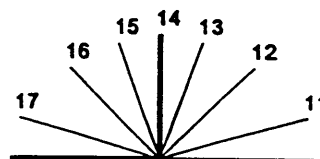
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 6
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 23

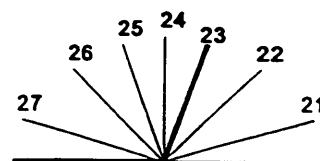
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

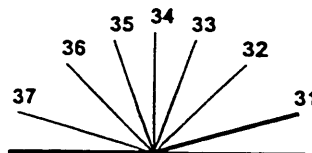
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
_____ Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 99

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

(00) Not fatal

(96) Fatal - ruled disease

(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes

(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 03

Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries

(97) Injured, details unknown

(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 01

(at Medical Facility)

(00) Not injured

(01) Injured - not treated at medical facility

(02) No GCS Score at medical facility

(03-15) Code the actual value of the initial GCS Score recorded at medical facility.

(97) Injured, details unknown

(99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃(96) ABGs reported, HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9617

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
Abrasion mid-1st chest	5. <u>7</u>	6. <u>4</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>4</u>	12. <u>170</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
Contusion mid-2nd chest	16. <u>7</u>	17. <u>4</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>4</u>	23. <u>170</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
Abrasion ① 3rd forearm	27. <u>7</u>	28. <u>7</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>2</u>	34. <u>170</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th	—	—	—	— — —	— — —	—	—	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs,</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		The exceptions to this rule apply to:	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity		The exceptions to this rule apply to:	(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion	(1) Minor Injury	(2) Moderate Injury
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	(4) Severe Injury
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(5) Critical Injury	(6) Maximum (untreatable)
(5) Skeletal (includes joints)	(10) Amputation	(7) Injured, unknown severity	
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained?

☐ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood Gases

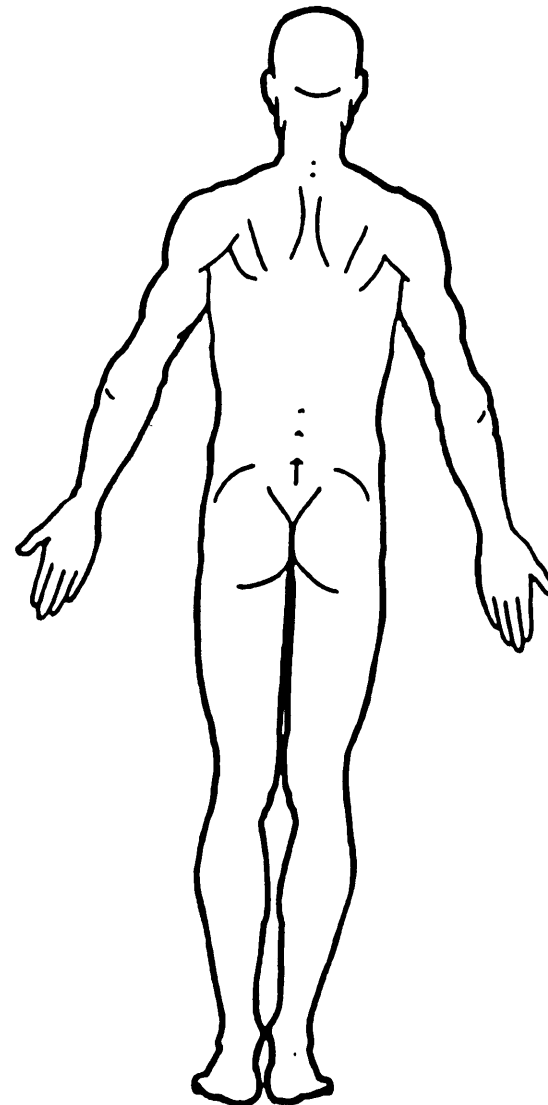
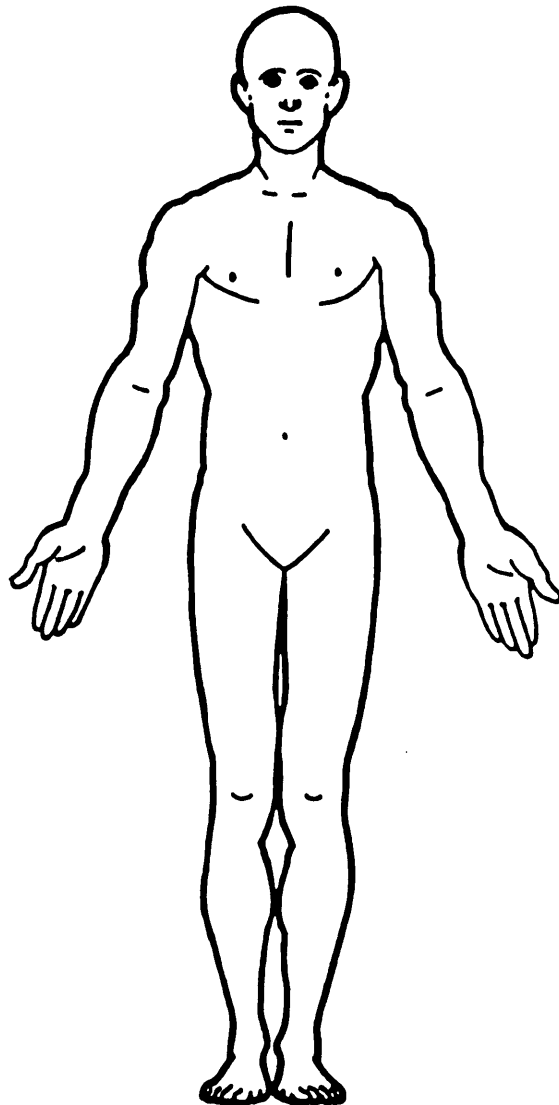
pH = ____

PO₂ = ____

PCO₂ = ____

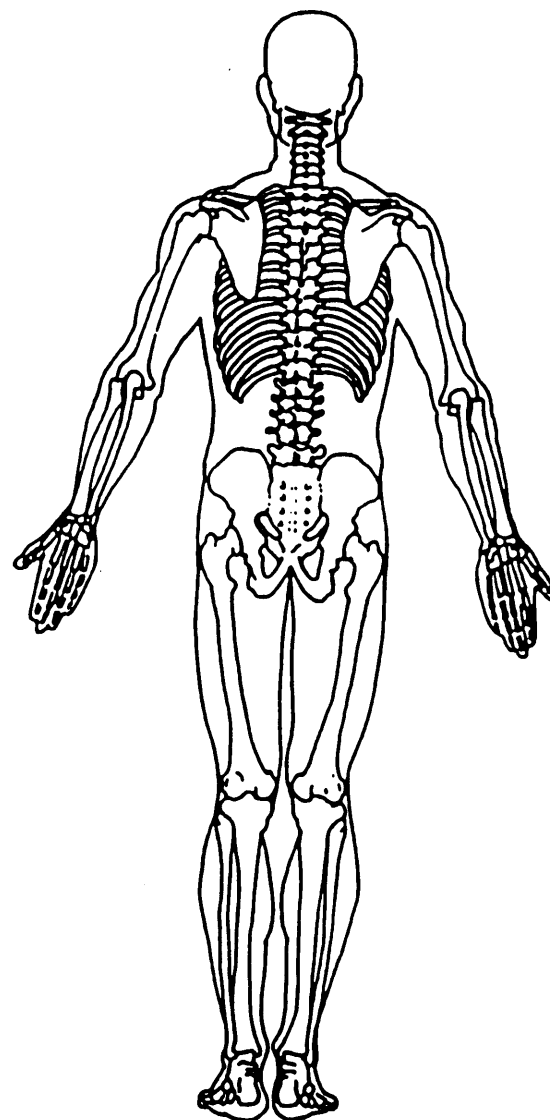
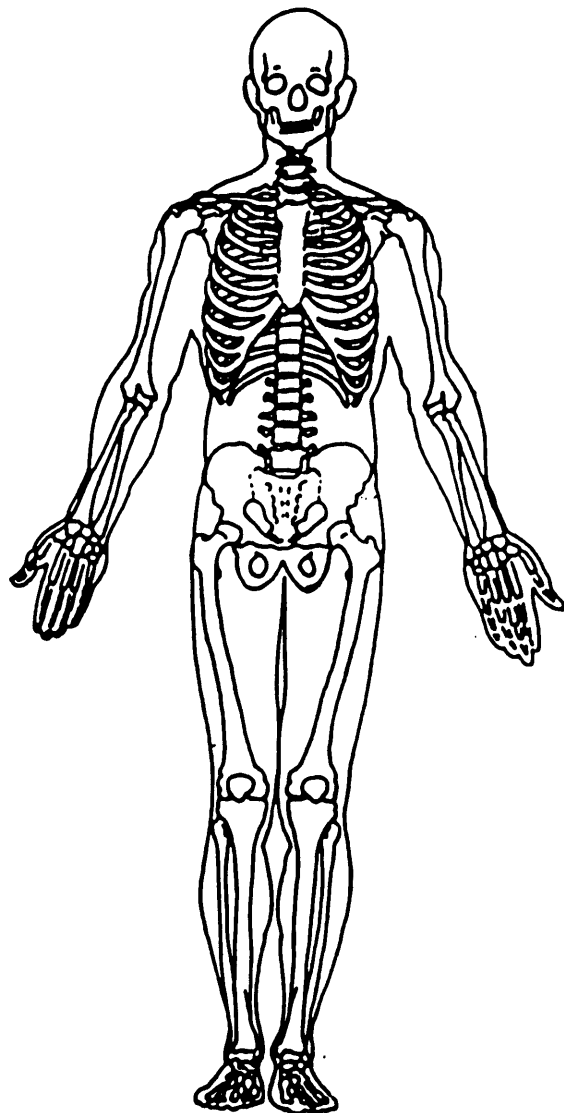
HCO₃ = ____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts. (specify): _____
- (409) Additional or relocated switches. (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

LEFT SIDE

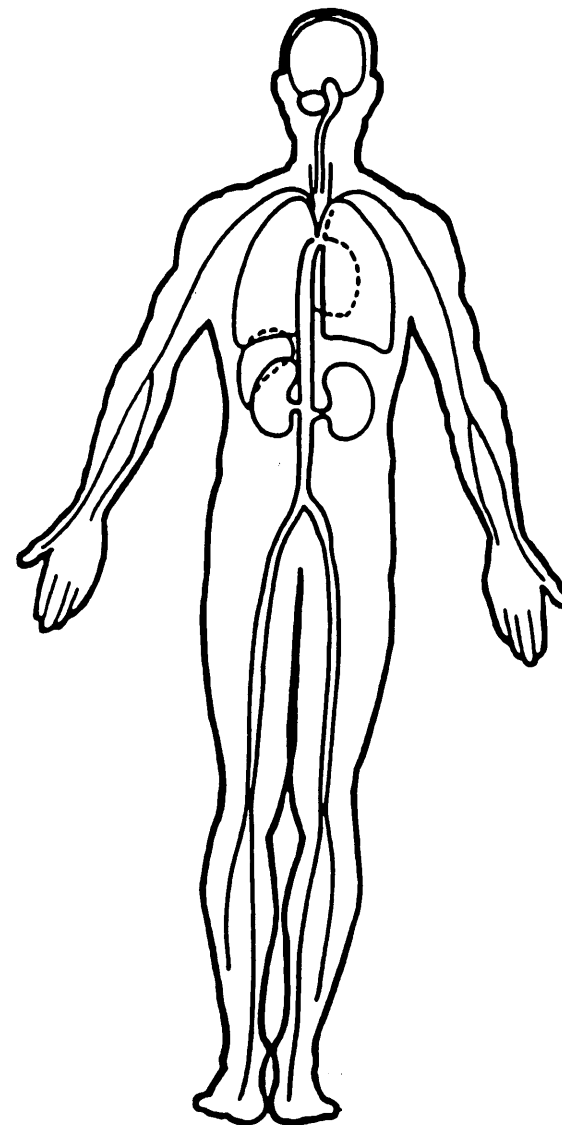
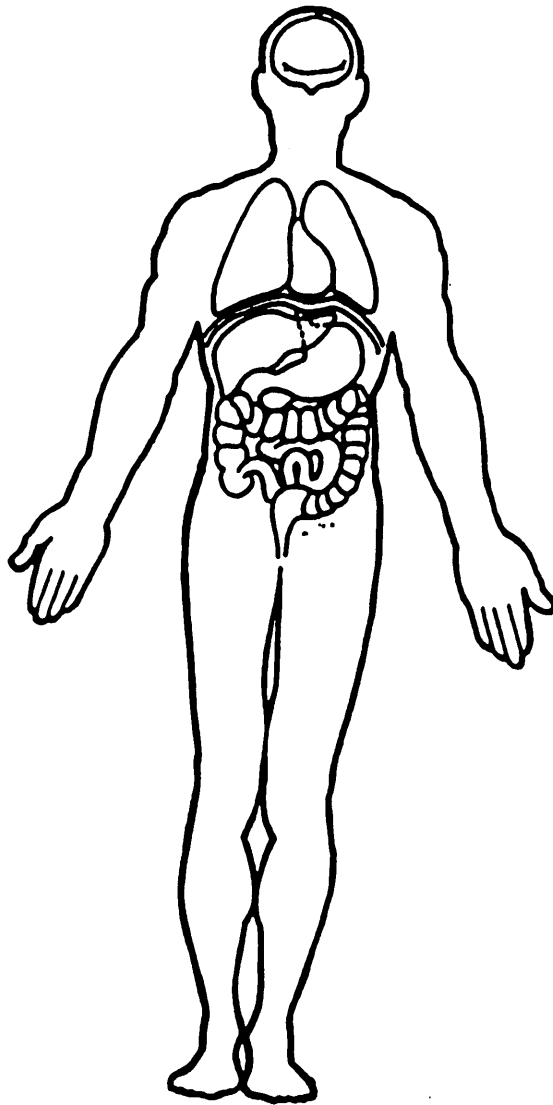
- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9617
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 21
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

7. Occupant's Height 163
Code actual height to the nearest
centimeter.
(999) Unknown
64 inches X 2.54 = 162.6 centimeters

8. Occupant's Weight 073
Code actual weight to the nearest
kilogram.
(999) Unknown
160 pounds X .4536 = 72.6 kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 13
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown

11. Occupant's Posture 0
(0) Normal posture
Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in
front of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

3

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____(9) Unknown21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____(9) Unknown22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 1

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 2

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): MAN. Disconnected
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 2

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____(9) Unknown27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 0

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function 0

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact +013

- (_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

- (_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 07

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 03
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify): Infant carrier on lap
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered? 9
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports): 2
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): By Infant carrier w/ infant in it
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown

50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown

51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

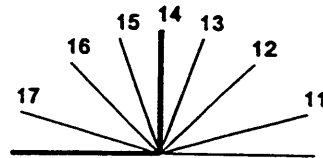
52. Seat Track Adjusted Position Prior To Impact 6
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 23

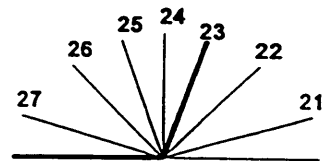
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

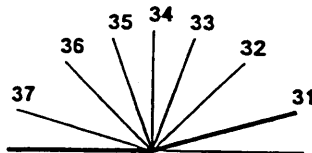
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0
 (000) No child safety seat

Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify): _____

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify): _____

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify): _____

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify): _____

(19) Unknown orientation

*Unknown Design or Orientation For This
 Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify): _____

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
 harness/shield/tether added

(09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**

66. Time to Death 00
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown
67. 1st Medically Reported Cause of Death 00
68. 2nd Medically Reported Cause of Death 00
69. 3rd Medically Reported Cause of Death 00
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____
 (97) Other result (includes fatal ruled disease) (specify): _____
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 97
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

TRAUMA DATA

71. Glasgow Coma Scale (GCS) Score 01
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 1
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE PASSENGER ON LAP OF RIGHT FRONT PASSENGER



OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9617
3. Vehicle Number 01
4. Occupant Number 03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 00
Code actual age at time of accident.
(00) Less than one year old (specify by month):
< 1 MO (7 DAYS)
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

7. Occupant's Height 046
Code actual height to the nearest
centimeter.
(999) Unknown
18 inches X 2.54 = 45.7 centimeters

8. Occupant's Weight 004
Code actual weight to the nearest
kilogram.
(999) Unknown
8 pounds X .4536 = 3.6 kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 15
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown

11. Occupant's Posture 8
(0) Normal posture
Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in
front of seat
(8) Other abnormal posture (specify):
in infant carrier
(9) Unknown

positioned
sideways on
RF PASS's (mother's)
Lap.

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

1

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 0

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable Shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE**28. Police Reported Belt Use**

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

AIR BAG SYSTEM FUNCTION**30. Frontal Air Bag System**

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment

(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure?

(This Occupant Position)

- (0) Not equipped/not available
 (1) No

- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag Deployment Impact - 000

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*****HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

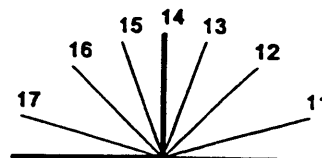
49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 00
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 0
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 0
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 0 0

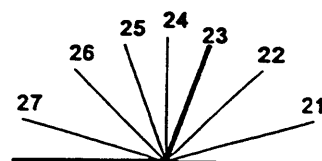
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

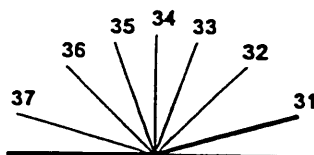
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 0

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 1 1 5
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998)
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 1
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

(8)
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 1
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09)

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19)

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29)

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 1 2

59. Child Safety Seat Shield Usage 0 3

60. Child Safety Seat Tether Usage 0 3

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
_____ Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death 01
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60) 40 Minutes
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

67. 1st Medically Reported Cause of Death 01

68. 2nd Medically Reported Cause of Death 02

69. 3rd Medically Reported Cause of Death 02
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____

(97) Other result (includes fatal ruled disease) (specify): _____

(99) Unknown

70. Number of Recorded Injuries for This Occupant 02
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 03
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 1
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE PASSENGER ON LAP OF RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9617</u>	4. Occupant Number	<u>03</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data		Body Region	Type of Anatomic Structure	A.I.S. - 90		Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number										
Concussion																							
1st	3	5	3	6	1	7	6	8	03	9	24	10	5	11	0	12	150	13	1	14	1	15	00
Fracture																							
(R)																							
2nd	2	16	2	17	1	18	5	19	04	20	04	21	3	22	1	23	160	24	1	25	1	26	00
3rd		27		28		29		30		31		32		33		34		35		36		37	
4th		38		39		40		41		42		43		44		45		46		47		48	
5th		49		50		51		52		53		54		55		56		57		58		59	
6th		60		61		62		63		64		65		66		67		68		69		70	
7th		71		72		73		74		75		76		77		78		79		80		81	
8th		82		83		84		85		86		87		88		89		90		91		92	
9th		93		94		95		96		97		98		99		100		101		102		103	
10th		104		105		106		107		108		109		110		111		112		113		114	

U.S. - 90

		A.I.S. - 90							Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
11th	—	—	—	— —	— —	—	—	— — —	—	—	— —
12th	—	—	—	— —	— —	—	—	— — —	—	—	— —
13th	—	—	—	— —	— —	—	—	— — —	—	—	— —
14th	—	—	—	— —	— —	—	—	— — —	—	—	— —
15th	—	—	—	— —	— —	—	—	— — —	—	—	— —
16th	—	—	—	— —	— —	—	—	— — —	—	—	— —
17th	—	—	—	— —	— —	—	—	— — —	—	—	— —
18th	—	—	—	— —	— —	—	—	— — —	—	—	— —
19th	—	—	—	— —	— —	—	—	— — —	—	—	— —
20th	—	—	—	— —	— —	—	—	— — —	—	—	— —
21st	—	—	—	— —	— —	—	—	— — —	—	—	— —
22nd	—	—	—	— —	— —	—	—	— — —	—	—	— —
23rd	—	—	—	— —	— —	—	—	— — —	—	—	— —
24th	—	—	—	— —	— —	—	—	— — —	—	—	— —
25th	—	—	—	— —	— —	—	—	— — —	—	—	— —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Vessels, Nerves, Organs.</u>		
	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		
	The exceptions to this rule apply to:		
	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion	Abbreviated Injury Scale	(1) Minor Injury
(2) Vessels	(04) Skin - Contusion		(2) Moderate Injury
(3) Nerves	(06) Skin - Laceration		(3) Serious Injury
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		(4) Severe Injury
(5) Skeletal (includes joints)	(10) Amputation		(5) Critical Injury
(6) Head - LOC	(20) Burn		(6) Maximum (untreatable)
(9) Skin	(30) Crush		(7) Injured, unknown severity
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY**OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

• Infant in mother's lap (DN)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = 3
(DN, AR)

Units of Blood
Given

Units = ___

Arterial Blood Gases

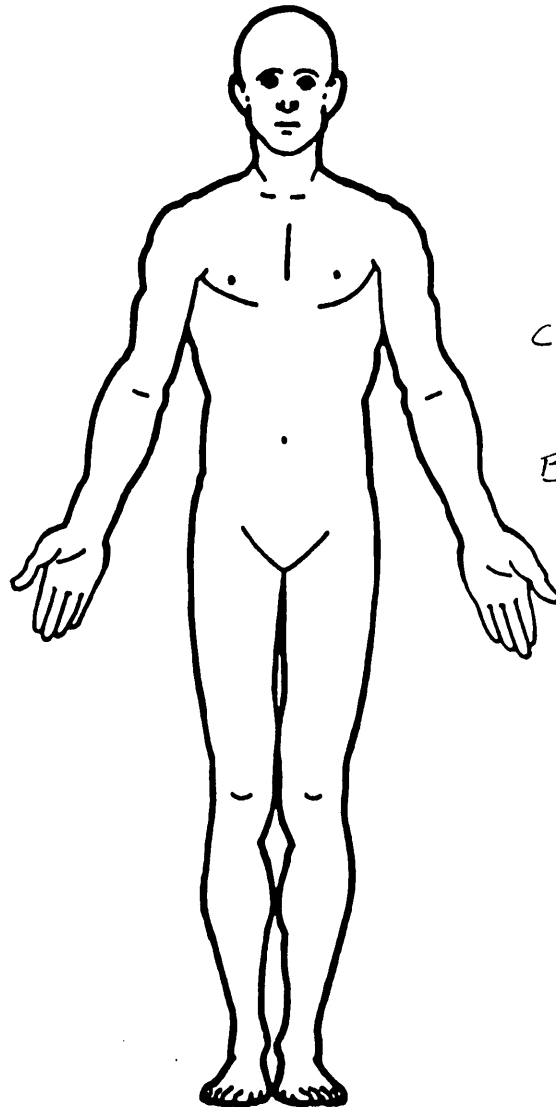
pH = ___

PO₂ = ___

PCO₂ = ___

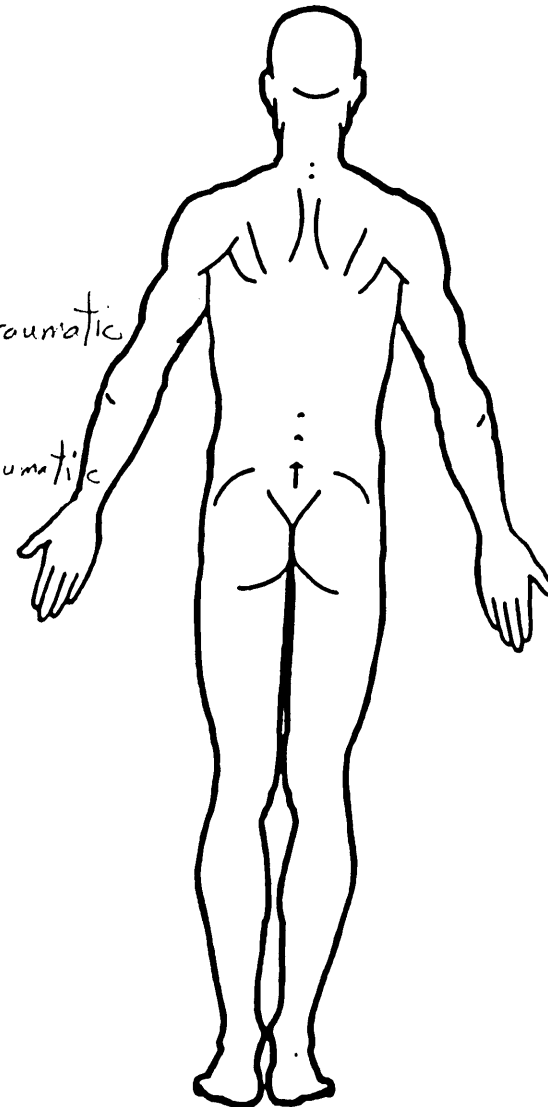
HCO₃ = ___

Face/Head: Atraumatic
(AR)



Chest: Atraumatic
(AR)

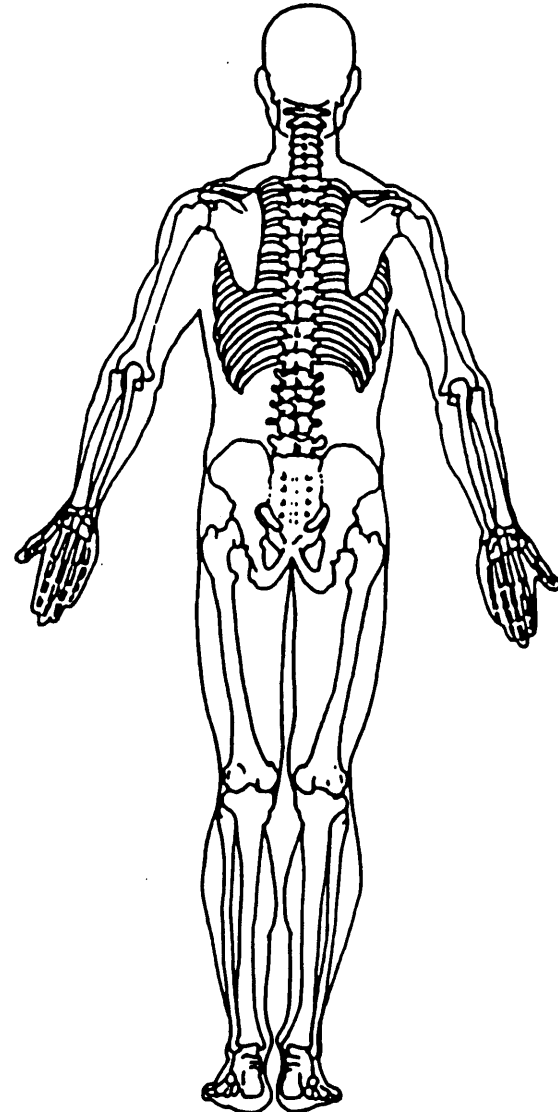
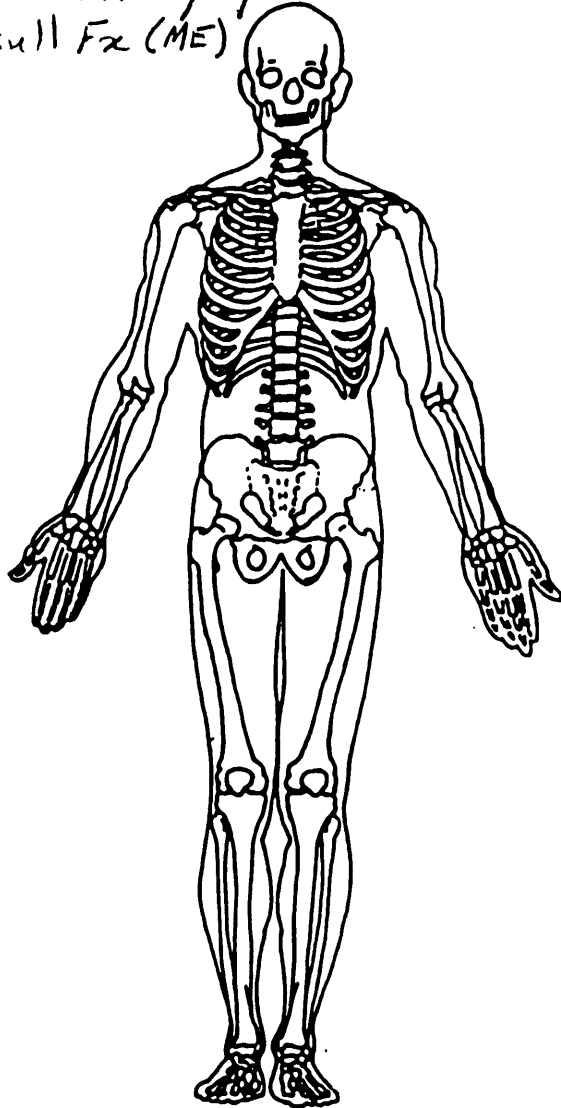
Back: Atraumatic
(AR)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Flattening of (R) side of head with underlying depressed skull Fx (ME)



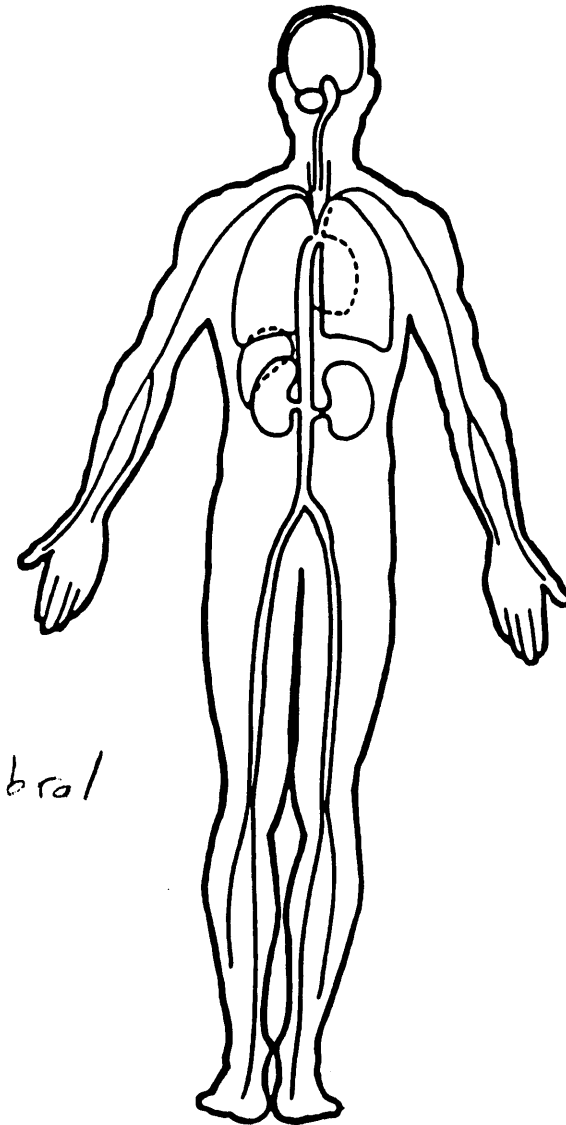
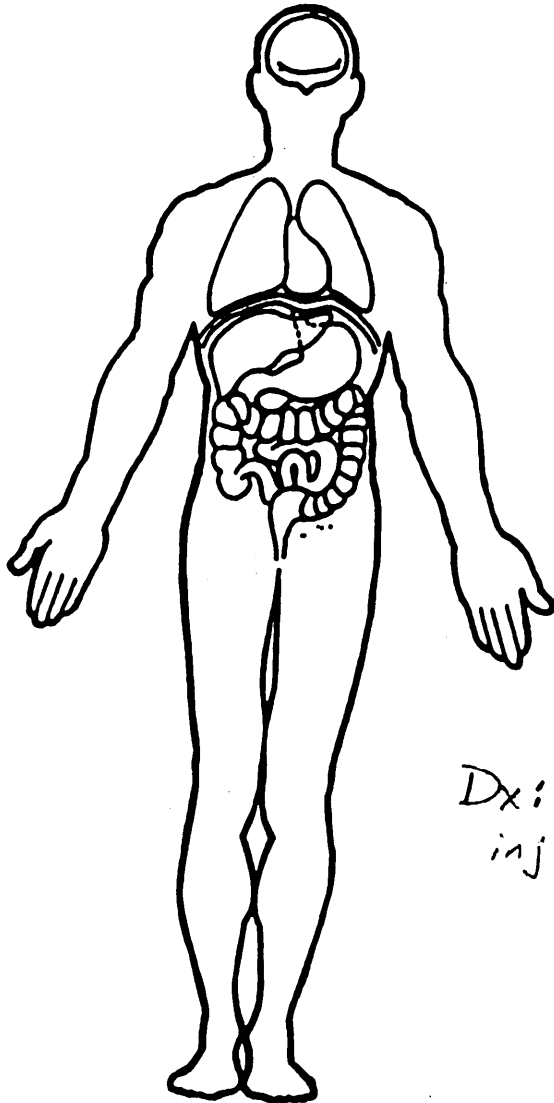
INJURY SOURCES

FRONT (001) Windshield (002) Mirror (003) Sunvisor (004) Steering wheel rim (005) Steering wheel hub/spoke (006) Steering wheel (combination of codes 004 and 005) (007) Steering column, transmission selector lever, other attachment (008) Cellular telephone or CB radio (009) Add on equipment (e.g., tape deck, air conditioner) (010) Left instrument panel and below (011) Center instrument panel and below (012) Right instrument panel and below (013) Glove compartment door (014) Knee bolster (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only) (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only) (017) Windshield reinforced by exterior object (specify): (019) Other front object (specify): 	(102) Right side hardware or armrest (103) Right A (A1/A2)-pillar (104) Right B-pillar (105) Other right pillar (specify): (106) Right side window glass (107) Right side window frame (108) Right side window sill (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. (110) Other right side object (specify): INTERIOR (151) Seat, back support (152) Belt restraint webbing/buckle (153) Belt restraint B-pillar or door frame attachment point (154) Other restraint system component (specify): (155) Head restraint system (160) Other occupants (specify): (161) Interior loose objects (162) Child safety seat (specify): (163) Other interior object (specify): AIR BAG (170) Air bag-driver side (171) Air bag-driver side and eyewear (172) Air bag-driver side and jewelry (173) Air bag-driver side and object held (174) Air bag-driver side and object in mouth (175) Air bag compartment cover-driver side (176) Air bag compartment cover-driver side and eyewear (177) Air bag compartment cover-driver side and jewelry (178) Air bag compartment cover-driver side and object held (179) Air bag compartment cover-driver side and object in mouth (180) Air bag-passenger side (181) Air bag-passenger side and eyewear (182) Air bag-passenger side and jewelry	(183) Air bag-passenger side and object held (184) Air bag-passenger side and object in mouth (185) Air bag compartment cover-passenger side (186) Air bag compartment cover-passenger side and eyewear (187) Air bag compartment cover-passenger side and jewelry (188) Air bag compartment cover-passenger side and object held (189) Air bag compartment cover-passenger side and object in mouth (190) Other air bag (specify) (195) Other air bag compartment cover (specify) ROOF (201) Front header (202) Rear header (203) Roof left side rail (204) Roof right side rail (205) Roof or convertible top FLOOR (251) Floor (including toe pan) (252) Floor or console mounted transmission lever, including console (253) Parking brake handle (254) Foot controls including parking brake REAR (301) Backlight (rear window) (302) Backlight storage rack, door, etc. (303) Other rear object (specify): ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT (401) Hand controls for braking/acceleration (402) Steering control devices (attached to OEM steering wheel) (403) Steering knob attached to steering wheel (405) Replacement steering wheel (i.e., reduced diameter) (406) Joy stick steering controls (407) Wheelchair tie-downs (408) Modification to seat belts, (specify): (409) Additional or relocated switches, (specify): (410) Raised roof	(411) Wall mounted head rest (used behind wheel chair) (412) Other adaptive device (specify): EXTERIOR of OCCUPANT'S VEHICLE (451) Hood (452) Outside hardware (e.g., outside mirror, antenna) (453) Other exterior surface or tires (specify): (454) Unknown exterior objects EXTERIOR OF OTHER MOTOR VEHICLE (501) Front bumper (502) Hood edge (503) Other front of vehicle (specify): (504) Hood (505) Hood ornament (506) Windshield, roof rail, A-pillar (507) Side surface (508) Side mirrors (509) Other side protrusions (specify): (510) Rear surface (511) Undercarriage (512) Tires and wheels (513) Other exterior of other motor vehicle (specify): (514) Unknown exterior of other motor vehicle OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT (551) Ground (598) Other vehicle or object (specify): (599) Unknown vehicle or object NONCONTACT INJURY (601) Fire in vehicle (602) Flying glass (603) Other noncontact injury source (specify): (604) Air bag exhaust gases (697) Injured, unknown source
LEFT SIDE (051) Left side interior surface, excluding hardware or armrests (052) Left side hardware or armrest (053) Left A (A1/A2)-pillar (054) Left B-pillar (055) Other left pillar (specify): (056) Left side window glass (057) Left side window frame (058) Left side window sill (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. (060) Other left side object (specify): RIGHT SIDE (101) Right side interior surface, excluding hardware or armrests			

OFFICIAL INJURY DATA —INTERNAL INJURIES

- Pronounced dead 40 minutes post-crash (DS)
- Resuscitated for 25 minutes (DS)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Dx: Cranio cerebral
injuries (ME)

CAUSE OF DEATH

Cranio cerebral injuries due to MVA (ME)

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EK	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

DN = Death Note

MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY

NEWLY IDENTIFIED:

ADVERSE DRUG REACTION
ALLERGIC REACTION

NO  YES _____
NO YES _____

IF YES, ENTER NEW PROB # BELOW

IF YES, ENTER NEW PROB # BELOW

PROBLEMS
(identified, treated,
or status changed
this admission)
STATUS CODES
A = ACTIVE
I = INACTIVE
R = RESOLVED
E = ERROR

[illegible]

**OPERATIVE
PROCEDURES:
DIAGNOSTIC &
THERAPEUTIC**

(enter complications
problems)

[illegible]

**ROUTINE
ADMISSION
FINDINGS**

	BUN	Glucose	Hgb	WBC	pH	Sp Gr	Glucose	Acetone	Protein	WBC	Bacteria	Casts
BLOOD					URINE							
CHEST XRAY												
EKG												
VDRL	PAP SMEAR											

**SIGNIFICANT
OBJECTIVE
FINDINGS:**

LAB TESTS
X-RAYS
PATHOLOGY
VITAL SIGNS
OTHER TESTS

(and reverse side)

[illegible]

**SIGNIFICANT
HISTORY,
PHYSICAL
EXAMINATION
&
HOSPITAL COURSE**

3 day old infant SIP MUC arrived
in ER 2 coded/ventilated for 25 mins
5 response / ACLS (PLS) Infant
ACLS (PLS) Infant
pronounced dead @ [REDACTED]

DATE-HOUR

PROB
NO

Describe circumstances of death, and resuscitation efforts.

Include details of contact with family of deceased patient.

Lab

Truma Hop o Death Note

3-7
3-7 day old w/o mixed up milk
(infant in mother's lap) aimed from red field
CPR *10 min* *resp* *via* *mask* *begin?*
like ~ 80 *resp* *cyanotic* *physical*
exam *unremarkable* *except* *for* *cyanosis*
whole *body* *spontaneous* *movement* *flaccid*
motor *reflexes* *otherwise* *post*
skull *deformity* *in* *and* *around* *suture* *lines*
intubated *intubated* *pt* *and* *breath* *sounds*
3 rounds *of* *attempted* *resuscitation* *apenic* *negative*
response *regd.* *measures* *continued* *only* *response*
code *measures* *continued* *only* *response*
bedside *bedside* *bedside* *bedside* *code* *started*

Agree -

Sign and Date Note

DEATH NOTE

Imprint Plate



PEDIATRIC TRAUMA NURSING ASSESSMENT & ADMISSION FORM

Page 1

ADMISSION DATA Date: 4/30 Time: 4:30 Time of last meal/fluids: _____
 Name: [REDACTED] Sex: F Age: 1 yr Informant: Mum Relationship: _____
 Diagnosis: _____ Current Meds: _____
 Weight: 6.10 (kg) Height: 19.2 (cm)
 ALLERGIES: None V.S.: T _____ P _____ R _____ B/P: R _____ L _____
 Tetanus Status up-to-date: ☐ Yes ☐ No Warming methods (describe): _____

PRE-HOSPITAL INFORMATION

Loss of Consciousness: ☒ Yes ☐ No Total amt. IV fluids infused in field: _____
 Cervical Collar: ☒ Yes ☐ No Type IV solution given #1: _____
 Backboard: ☒ Yes ☐ No Type IV solution given #2: _____
 Airway Adjunct: ☐ Yes ☐ No ☐ Nasal ☐ Oral ☒ Bag-Valve-Mask
 Intubated: ☐ Yes ☐ No ETT size: 2.5 Taped at: _____ cm.
 Oxygen: 100% FM ☐ Mask ☐ NC

TIME

PRIMARY AND SECONDARY SURVEY

Airway Breathing	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Spontaneous <input type="checkbox"/> Normal	<input type="checkbox"/> Oral Airway <input type="checkbox"/> Rapid <input type="checkbox"/> Labored	<input type="checkbox"/> Nasal Airway <input type="checkbox"/> Slow <input type="checkbox"/> Obstructed	<input type="checkbox"/> Intubated <input type="checkbox"/> Assisted	
Circulation	<input type="checkbox"/> < 2 seconds <input type="checkbox"/> > 2 seconds				
Skin Signs	<input type="checkbox"/> Pink <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Clammy	<input type="checkbox"/> Gray <input type="checkbox"/> Cyanotic <input type="checkbox"/> Cold <input type="checkbox"/> Diaphoretic			
Mental	<input type="checkbox"/> Alert <input type="checkbox"/> Conscious	<input type="checkbox"/> Crying <input checked="" type="checkbox"/> Unconscious	<input type="checkbox"/> Confused <input type="checkbox"/> Frightened	<input type="checkbox"/> Lethargic <input type="checkbox"/> Cooperative	<input type="checkbox"/> Uncooperative <input type="checkbox"/> Combative
Face/Head	<input checked="" type="checkbox"/> Atraumatic Fontanel: <input type="checkbox"/> Open Fontanel: <input checked="" type="checkbox"/> Soft	<input type="checkbox"/> Describe wounds: <input type="checkbox"/> Closed <input type="checkbox"/> NA <input type="checkbox"/> Bulging <input type="checkbox"/> Tense <input type="checkbox"/> Flat <input type="checkbox"/> Sunken			
Pupils	Size/Reaction of pupils: R <u>2</u> L <u>2</u> B = Brisk S = Sluggish F = Fixed				
Ears	<input type="checkbox"/> Clear	<input type="checkbox"/> Blood in External Canal	R L		
Neck	<input type="checkbox"/> Trachea Midline <input type="checkbox"/> Atraumatic <input type="checkbox"/> Non-tender	<input type="checkbox"/> Tracheal Deviation <input type="checkbox"/> Describe wounds: <input type="checkbox"/> Tender	R L		
Cervical Spine	<input type="checkbox"/> Cleared	<input type="checkbox"/> Radiologically Cleared	<input checked="" type="checkbox"/> Collar left on		
Chest	<input type="checkbox"/> Symmetrical Expansion <input checked="" type="checkbox"/> Atraumatic	<input type="checkbox"/> Asymmetrical Expansion <input type="checkbox"/> Describe wounds:			
Breath Sounds	Present _____ R _____ L Clear <input checked="" type="checkbox"/> _____ R _____ L Diminished _____ R _____ L	Coarse _____ R _____ L Crackles _____ R _____ L Wheezing _____ R _____ L			
Abdomen	<input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended	<input type="checkbox"/> Describe wounds: <input type="checkbox"/> Nontender <input type="checkbox"/> Tender Bowel Sounds: <input type="checkbox"/> Active <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent			
Pelvis	<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Nontender <input type="checkbox"/> Tender				
Upper Extremities	<input type="checkbox"/> Normal <input type="checkbox"/> Deformity <input type="checkbox"/> Swelling <input type="checkbox"/> Describe wounds: Move: <input type="checkbox"/> Freely & Strong <input type="checkbox"/> Weakly <input checked="" type="checkbox"/> Unable to move				
Lower Extremities	<input type="checkbox"/> Normal <input type="checkbox"/> Deformity <input type="checkbox"/> Swelling <input type="checkbox"/> Describe wounds: Move: <input checked="" type="checkbox"/> Freely & Strong <input type="checkbox"/> Weakly <input checked="" type="checkbox"/> Unable to move				
Back	<input checked="" type="checkbox"/> Atraumatic <input type="checkbox"/> Non-tender <input type="checkbox"/> Tender <input type="checkbox"/> Rectal Tone present <input type="checkbox"/> Absent Describe wounds: _____				



COUNTY HOSPITAL

PEDIATRIC COMA SCALE

Pediatric Trauma

Nursing Assessment & Admission Form

Page 2 of 7

		>1 YEAR	<1 YEAR
EYE OPENING	4 3 2 1	spontaneously to verbal command to pain no response	spontaneously to shout to pain no response
BEST MOTOR RESPONSE	6 5 4 3 2 1	Obeys Localizes Pain Flexion-Withdrawal Flexion-Abnormal (Decorticate Rigidity) Extension (Decerebrate Rigidity) No response	Localizes Pain Flexion-Withdrawal Flexion-Abnormal (Decorticate Rigidity) Extension (Decerebrate Rigidity) No response
		>5 YEAR	2-5 YEAR
BEST VERBAL RESPONSE	5 4 3 2 1	Oriented and converses Disoriented and converses Inappropriate words Incomprehensible sounds No response	Appropriate words and phrases Inappropriate Words Cries and/or screams Grunts No response
			0-23 MONTHS
			Smiles, coos, cries appropriately Cries Inappropriate crying and/or screaming Grunts No response

TOTAL

Date

Time

KEY

A ___ ABRASION

D ___ DECUBITUS

G ___ GSW

B ___ BURN

E ___ AMPUTATION

H ___ STABWOUND

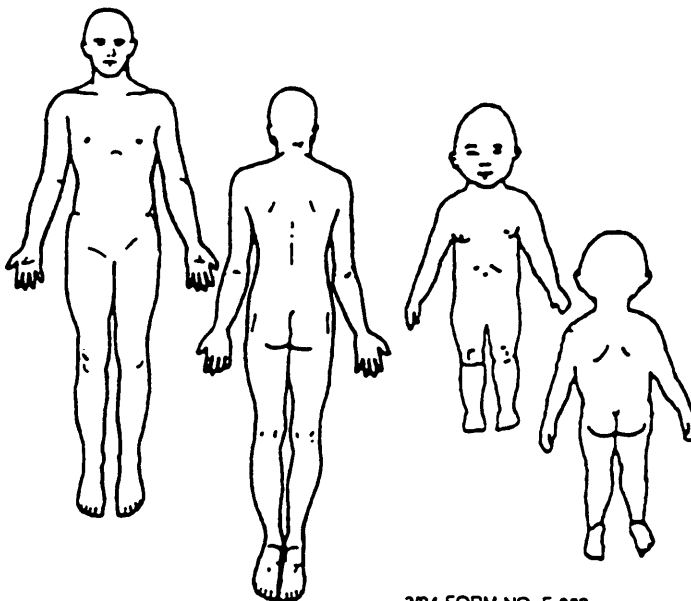
C ___ CONTUSION

F ___ FRACTURE

I ___ LACERATION

NOTES:

INDICATE AREA OF INJURY BELOW



[illegible][illegible]

PUPIL CODE:

2 3 4 5 6 7 8 9

• ● ● ● ● ● ● ● ● ●

B = Brisk S = Sluggish F = Fixed

Reference Formulas:

ETT Size: $\frac{16 + \text{Age in Years}}{4}$

Weight: $8 + (\text{Years} \times 2)$

INITIAL	SIGNATURE	CLASS	PRINT NAME



COUNTY HOSPITAL
Pediatric Trauma Nursing
Assessment & Admission Form

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PROCEDURES / TESTS

Date	Time	Procedure/Test
		Intubation by: _____ ETT size: _____ Taped at: _____ cm. Orotracheal/Nasotracheal
		NG/OG/Sump Size _____ French Color/Type Drainage: _____
		Chest Tube Size _____ French R L Suction: _____ cm. H ₂ O Drainage: _____
		Chest Tube Size _____ French R L Suction: _____ cm. H ₂ O Drainage: _____
		Foley - Size _____ French Color/Character of Urine: _____ Ur - Bag: <input type="checkbox"/> Yes <input type="checkbox"/> No
		ICP Monitor Site: _____ Initial pressure reading: _____
		EKG : <input type="checkbox"/> Yes <input type="checkbox"/> No
		Echo : <input type="checkbox"/> Yes <input type="checkbox"/> No

LABORATORY	Time Sent	Results
CBC		Hgb: hct: WBC:
Electrolytes		Na: K: Cl: CO ₂ :
Glucose		
Blood TNS		
Blood T&X Match		
Toxicology Screen Blood		According to a medical records source page 4 of 7 was Blank
Toxicology Screen Urine		SCI
Cardiac Enzymes		
Liver Enzymes		
Amylase Serum		
p/ptt		
U/A		

ARTERIAL BLOOD GAS RESULTS

Time Sent	pH	pCO ₂	pO ₂	Base	HCO ₃

INVASIVE LINES (IVs, Arterial, Intraosseous, etc.)

Type Gauge	Time Done	Location:

RADIOLOGY	Time Done	Results
C-spine		
Chest		
Skull		
Pelvis		
Abdomen		
KUB		
Arm R L		
Leg R L		
Spine		
Other:		

CT SCAN	Time Done	Results
Head		
Abdomen		

ANGIOGRAM	Time Done	Results
Arch		

MEDICAL HISTORY

Past Hospitalization: yes ____ no ____
 Where: _____
 When: _____
 Why: _____
 Length: _____
 Current Medication: Dose Last taken
 1. _____
 2. _____

HEALTH HISTORY YES NO FAMILY

Anemia			
Asthma			
Cancer			
Diabetes			
Epilepsy			
Heart Disease			
Hepatitis			
Hypertension			
Rheumatic Fever			
Sickle Cell			
Tuberculosis			
Other			

LIFESTYLE

ETOH: yes ____ no ____ Frequency: _____
 Last Drink: _____
 Drugs: yes ____ no ____ IVDA: yes ____ no ____
 Type: _____ Frequency: _____
 Last used: _____
 Tobacco: yes ____ no ____

FAMILY : NOTIFICATION (PRIMARY):

Relationship: _____
 Address: _____
 Home Phone: _____ Work Phone: _____
 Phone: _____ Phone: _____



COUNTY HOSPITAL

Pediatric Trauma Nursing Assessment and Admission Form

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ANTICIPATED DISCHARGE NEEDS:

DCSF REFERRAL: ☐ YES ☐ NO ☐ NA
 CCH PST REFERRAL: ☐ YES ☐ NO ☐ NA
 ID BAND PLACED: ☒ YES ☐ NO

SUMMARY OF FINDINGS: (DATE / TIME ALL ENTRIES)

7/9/05 6:55 Infant 5 day, received in a
 MVA a traumatic arrest. See Rescue
 sheet.

NURSING DIAGNOSIS

- ___ Airway clearance, ineffective
- ___ Breathing pattern, ineffective
- ___ Gas exchange, impaired
- ___ Tissue perfusion, alteration in:
- ___ Cerebral ___ cardiopulmonary
- ___ renal ___ GI ___ peripheral
- ___ Fluid volume, alteration in:
- ___ Actual/Potential ___ Excess/Deficit
- ___ Skin integrity, impairment of:
- ___ Actual ___ potential
- ___ Mobility, impaired physical
- ___ Thought process, alteration in:
- ___ Violence, potential for:
- ___ Self directed ___ directed at other
- ___ Coping, ineffective: ___ Individual
- ___ ___ Family
- ___ Fear ___ Anxiety
- ___ Hypothermia
- ___ Comfort, Alteration in: Pain

I have read the admission information, seen the patient and made the initial assessment.

DISPOSITION TO AND TIME

Ward: _____ ICU: _____ Home: _____
 MOR: _____ AMA: _____ Other: _____
 Expired at: 7/9/05 Morgue: 1200 hours 640
 DATE: 7/9/05 Signature (full name) R.N.: [Signature]



DEPARTMENT OF NURSING
PEDIATRIC TRAUMA NURSING ASSESSMENT AND ADMISSION FORM

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(THIS PAGE TO BE COMPLETED BY RN ON ADMITTING PEDIATRIC WARD)

I. DEVELOPMENT:

- A. Birth weight: _____ (kg) SIGNIFICANT PERINATAL HISTORY: _____
- B. Growth & Development Milestones: _____
- C. Fine motor skills: _____
- D. Gross motor skills: _____
- E. Child's reaction and/or greatest worries re: hospitalization: _____
- F. Parent's reaction and/or greatest worries re: hospitalization and/or growth & development: _____

II. IMMUNIZATIONS: (Indicate dates)

DPT/DT: _____

OPV: _____

MMR: _____

TB Skin Test: _____

HIB: _____

Results: _____

Hepatitis (HBV) _____

BOOSTERS:

DPT/DT: _____

OPV: _____

MMR: _____

Other: _____

III. CHILDHOOD DISEASES:

- | | | | |
|--------------------|-----------|------------|----------|
| A. Chicken Pox | Yes _____ | Date _____ | No _____ |
| B. Measles/Rubella | Yes _____ | Date _____ | No _____ |
| C. Whooping Cough | Yes _____ | Date _____ | No _____ |
| D. Scarlet Fever | Yes _____ | Date _____ | No _____ |
| E. Polio | Yes _____ | Date _____ | No _____ |
| F. Mumps | Yes _____ | Date _____ | No _____ |
| G. Other: _____ | Yes _____ | Date _____ | No _____ |

IV. NUTRITION:

- A. Usual diet: _____
- B. Diet restrictions/preferences: _____
- C. Special feeding techniques/problems: _____

V. SLEEP HABITS:

- A. Where: Crib _____ Bed _____
- B. Does child climb out? Yes _____ No _____
- C. Sleep alone? Yes _____ No _____ (If not, with whom does patient sleep?)
- D. Sleep aids? Toys _____ Blanket _____ Others _____
- E. Usual naptime/bedtime _____

VI. ELIMINATION:

- A. Bladder trained: Yes _____ No _____ (Specific words used for urine _____)
- B. Bowel trained: Yes _____ No _____ (Specific words used for stool _____)
- C. Frequency of BM: _____
- D. Bedwetting: Yes _____ No _____
- E. Special techniques/aids used: _____

VII. HYGIENE:

- A. Bathing habits: Independent _____ With assistance _____
- B. Oral hygiene: Independent _____ With assistance _____

VIII. ORIENTATION TO UNIT:

- | | YES | NO |
|---|-------|-------|
| A. Patient information booklet given: | _____ | _____ |
| B. Name of nurse: | _____ | _____ |
| C. Toilet and bathing facilities (if applicable) | _____ | _____ |
| D. Telephone: | _____ | _____ |
| E. Serving time for meals: | _____ | _____ |
| F. Visiting hours: | _____ | _____ |
| G. Playroom location: | _____ | _____ |
| H. Family informed of Social Service availability | _____ | _____ |
| I. Special Instructions: | _____ | _____ |

Signature of Interviewer (Full Name) Classification _____

Date _____ Time _____ Print Name _____

**MEDICAL EXAMINER'S REPORT
OF POSTMORTEM EXAMINATION**

OFFICE OF THE MEDICAL EXAMINER
COUNTY OF [REDACTED]

REPORT OF POSTMORTEM EXAMINATION

NAME [REDACTED] CASE NO. [REDACTED] of [REDACTED] 1996
AGE 7 days RACE White SEX Female DATE OF DEATH [REDACTED], 1996
ADDRESS OF DECEDENT [REDACTED] DATE EXAMINED [REDACTED] 1996
CITY & STATE [REDACTED] EXAMINED BY [REDACTED], M.D.

EXTERNAL EXAMINATION:

The body is received unclothed and is that of a White female infant appearing the stated age of 7 days. The weight is 8 pounds 0 ounces. The crown heel length is 18 inches, the crown rump length 14 inches, the chest circumference 13 inches, the abdominal circumference 13 inches and the head circumference 14 inches.

The hair is brown, straight and medium length. The eyes are closed, the irides brown and the conjunctiva are not congested. The oral cavity is unremarkable. There is flattening of the right side of the head with underlying depressed fracture of the skull. The chest is symmetrical. The abdomen is mildly scaphoid. An umbilical stump is present. The genitals are those of a normal female. The fingernails are trimmed and clean. The bottoms of the feet are clean. The toenails are trimmed and clean. The back is without special note.

OPINION:

Considering the circumstances surrounding the death, the available medical history and external examination of the body, the death of this 7 day old White female, [REDACTED] is ascribed to craniocerebral injuries due to an automobile accident which occurred when she was a passenger in an automobile.

[REDACTED] 3v
[REDACTED] 46
[REDACTED] M.D.
Deputy Medical Examiner

BL:dm
7/10/96

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE LEFT REAR PASSENGER



OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9617

3. Vehicle Number

01

4. Occupant Number

04

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

00

Code actual age at time of accident.

(00) Less than one year old (specify by month):

10 months

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

102

Code actual height to the nearest
centimeter.

(999) Unknown

40 inches X 2.54 = 101.6 centimeters

8. Occupant's Weight

014

Code actual weight to the nearest
kilogram.

(999) Unknown

30 pounds X .4536 = 13.6 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

21

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0

16. Entrapment

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0

17. Occupant Mobility

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

3

Due to her
AGE - 10 months

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown
- Integral Belt Partially Destroyed*
- (6) Shoulder belt (lap belt destroyed/removed)
 - (7) Lap belt (shoulder belt destroyed/removed)
 - (8) Other belt (specify): _____
 - (9) Unknown
19. Manual (Active) Belt System Use 14
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify): _____
 - (02) Shoulder belt
 - (03) Lap belt
 - (04) Lap and shoulder belt *Per interviewee*
 - (05) Belt used—type unknown
 - (08) Other belt used (specify): _____
 - (12) Shoulder belt used with child safety seat
 - (13) Lap belt used with child safety seat
 - (14) Lap and shoulder belt used with child safety seat
 - (15) Belt used with child safety seat—type unknown
 - (18) Other belt used with child safety seat (specify): _____
 - (99) Unknown if belt used
20. Proper Use of Manual (Active) Belts 2
- (0) None used or not available
 - (1) Belt used properly
 - (2) Belt used properly with child safety seat
- Belt Used Improperly Per Interviewed*
- (3) Shoulder belt worn under arm
 - (4) Shoulder belt worn behind back or seat
 - (5) Belt worn around more than one person
 - (6) Lap belt worn on abdomen
 - (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of manual belt system (specify): _____
 - (9) Unknown
21. Manual (Active) Belt Failure Modes During Accident 1
- (0) No manual belt used or not available
 - (1) No manual belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other manual belt failure (specify): _____
 - (9) Unknown
22. Manual Shoulder Belt Upper Anchorage Adjustment 1
- (0) No manual shoulder belt
 - (1) No upper anchorage adjustment for manual shoulder belt
- Adjustable shoulder Belt Upper Anchorage*
- (2) In full up position
 - (3) In mid position
 - (4) In full down position
 - (5) Position unknown
 - (9) Unknown if position has adjustable upper anchorage adjustment
23. Automatic (Passive) Belt System Availability/Function 0
- (0) Not equipped/not available
 - (1) 2 point automatic belts
 - (2) 3 point automatic belts
 - (3) Automatic belts - type unknown
- Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
 - (9) Unknown
24. Automatic (Passive) Belt System Use 0
- (0) Not equipped/not available/destroyed or rendered inoperative
 - (1) Automatic belt in use
 - (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 - (3) Automatic belt use unknown
 - (9) Unknown
25. Automatic (Passive) Belt System Type 0
- (0) Not equipped/not available
 - (1) Non-motorized system
 - (2) Motorized system
 - (9) Unknown
26. Proper Use of Automatic (Passive) Belt System 0
- (0) Not equipped/not available/not used
 - (1) Automatic belt used properly
 - (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
 - (4) Automatic shoulder belt worn behind back
 - (5) Automatic belt worn around more than one person
 - (6) Lap portion of automatic belt worn on abdomen
 - (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of automatic belt system (specify): _____
 - (9) Unknown
27. Automatic (Passive) Belt Failure Modes During Accident 0
- (0) Not equipped/not available/not in use
 - (1) No automatic belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other automatic belt failure (specify): _____
 - (9) Unknown

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 6

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Vehicle inspection
 [] Official injury data
 [X] Driver/occupant interview
 [] Other (specify):

[] Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 0

(This Occupant Position)

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact

+ 000
- 000

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**44. Source of Air Bag Damage 00

- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

(05) Fire in vehicle

(06) Thermal burns

(07) Rescue or emergency efforts

(88) Other damage source (specify):

(95) Damaged, unknown source

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

45. Was The Air Bag Tethered? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify number of tether straps):

(3) Deployed, unknown if tethered

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

46. Did The Air Bag Have Vent Ports? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify number of vent ports):

(3) Deployed, unknown if vent ports present

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(3) Deployed, unknown if other occupant contact to air bag

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

48. Was This Occupant Wearing Eye-wear? 0

(0) Not air bag equipped/air bag not available

(1) No

(2) Eyeglasses/sunglasses

(3) Contact lenses

(4) Deployed, unknown if eyewear worn

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1

(0) No head restraints

(1) Integral—no damage

(2) Integral—damaged during accident

(3) Adjustable—no damage

(4) Adjustable—damaged during accident

(5) Add-on—no damage

(6) Add-on—damaged during accident

(8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) 03

(00) Occupant not seated or no seat

(01) Bucket

(02) Bucket with folding back

(03) Bench

(04) Bench with separate back cushions

(05) Bench with folding back(s)

(06) Split bench with separate back cushions

(07) Split bench with folding back(s)

(08) Pedestal (i.e., column supported)

(09) Box mounted seat (i.e., van type)

(10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

(0) Occupant not seated or no seat

(1) Forward facing seat

(2) Rear facing seat

(3) Side facing seat (inward)

(4) Side facing seat (outward)

(8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 1

(0) Occupant not seated or no seat

(1) Non-adjustable seat track

Adjustable Seat Track

(2) Seat at forward most track position

(3) Seat between forward most and middle track positions

(4) Seat at middle track position

(5) Seat between middle and rear most track positions

(6) Seat at rear most track position

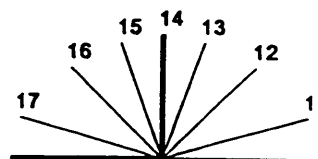
(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

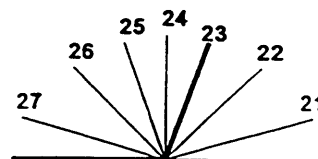
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

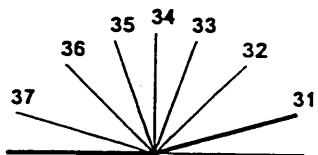
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 998

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 8

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 12

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing *Per interviewee*

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 2959. Child Safety Seat Shield Usage 2960. Child Safety Seat Tether Usage 29Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

(00) Not fatal

(96) Fatal - ruled disease

(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes

(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 00

Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries

(97) Injured, details unknown

(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 00

(00) Not injured

(01) Injured - not treated at medical facility

(02) No GCS Score at medical facility

(03-15) Code the actual value of the initial GCS Score recorded at medical facility.

(97) Injured, details unknown

(99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 00

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃(96) ABGs reported, HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 3

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT REAR PASSENGER



OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9617
3. Vehicle Number 01
4. Occupant Number 05

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 12
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 135
Code actual height to the nearest
centimeter.
(999) Unknown
53 inches X 2.54 = 134⁶ centimeters
8. Occupant's Weight 045
Code actual weight to the nearest
kilogram.
(999) Unknown
100 pounds X .4536 = 45⁴ kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 23
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown
11. Occupant's Posture 0
(0) Normal posture
- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____(9) Unknown21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____(9) Unknown22. Manual Shoulder Belt Upper Anchorage Adjustment +

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____(9) Unknown27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor(7) Combination of above (specify): _____(8) Other automatic belt failure (specify): _____(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 9

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Vehicle inspection
 [] Official injury data
 [X] Driver/occupant interview
 [] Other (specify):

[] Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag - 000

Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**44. Source of Air Bag Damage 00

- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

(05) Fire in vehicle

(06) Thermal burns

(07) Rescue or emergency efforts

(88) Other damage source (specify):

(95) Damaged, unknown source

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

45. Was The Air Bag Tethered? 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

(3) Deployed, unknown if tethered

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

46. Did The Air Bag Have Vent Ports? 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

(3) Deployed, unknown if vent ports present

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(3) Deployed, unknown if other occupant contact to air bag

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

48. Was This Occupant Wearing Eye-wear? 0

(0) Not air bag equipped/air bag not available

(1) No

(2) Eyeglasses/sunglasses

(3) Contact lenses

(4) Deployed, unknown if eyewear worn

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) 03

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 1

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

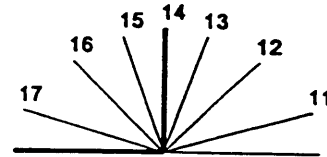
- (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

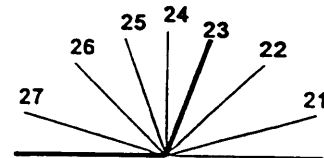
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

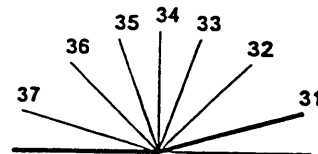
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
_____ Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**

66. Time to Death 00
 Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown
67. 1st Medically Reported Cause of Death 00
68. 2nd Medically Reported Cause of Death 00
69. 3rd Medically Reported Cause of Death 00
 Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):
 (97) Other result (includes fatal ruled disease) (specify):
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 00
 Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

TRAUMA DATA

71. Glasgow Coma Scale (GCS) Score 00
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units):
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO₃ 00
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 3
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify):
 (9) Unknown if belt used

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0

15. Medium Status (Immediately Prior To Impact)

0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility

4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 03

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 9

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 2

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 2

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 1

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 9

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 5

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Vehicle inspection
- [] Official injury data
- [X] Driver/occupant interview
- [] Other (specify):

[] Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment 0

(This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First 0

Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System 0

Failure?

(This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 000

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

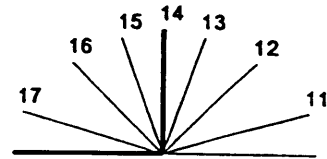
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 9
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact**2 3

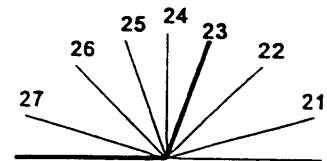
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

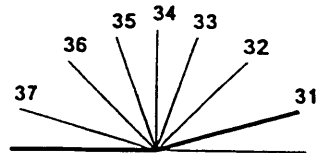
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position)9

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify): _____

(998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify): _____
 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify): _____

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify): _____

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify): _____

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 6

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 5

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 08

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 02

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given (specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 3

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

02

2. Case Number - Stratum

9617

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
Cervical 1st Strain	5. <u>7</u>	6. <u>6</u>	7. <u>4</u>	8. <u>02</u>	9. <u>78</u>	10. <u>1</u>	11. <u>6</u>	12. <u>155</u>	13. <u>2</u>	14. <u>2</u>	15. <u>00</u>
2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

I.S. - 90

	Source of Injury Data	A.I.S. - 90				Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury					
11th	—	—	—	— — —	— — —	—	—	— — — —	—	— —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	— —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	— —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	— —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	— —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	— —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	— —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	— —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	— —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	— —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	— —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	— —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	— —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	— —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	— —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(4) Central
(5) Abdomen	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity	The exceptions to this rule apply to:	Abbreviated Injury Scale	(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY**OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

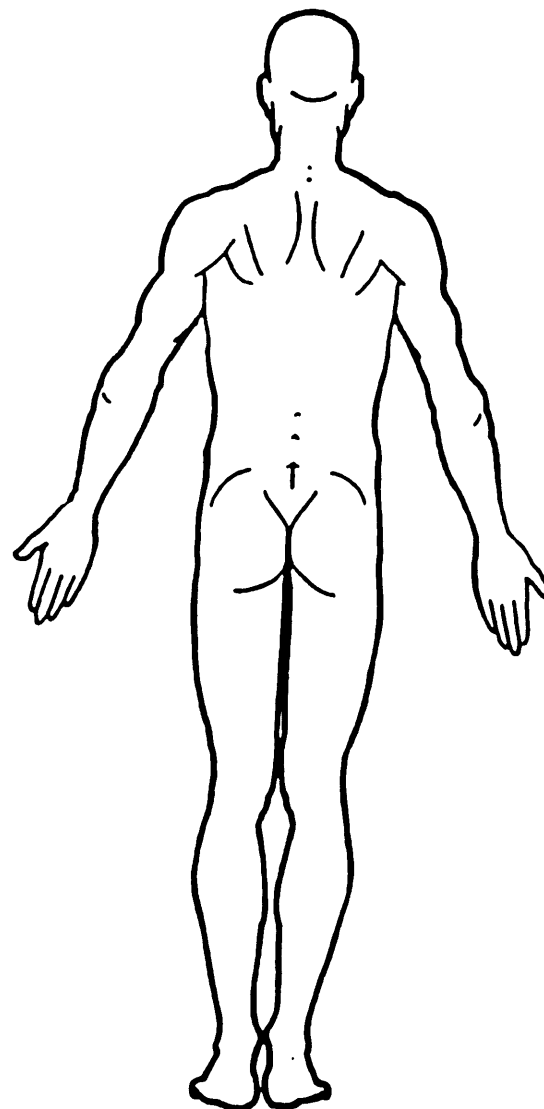
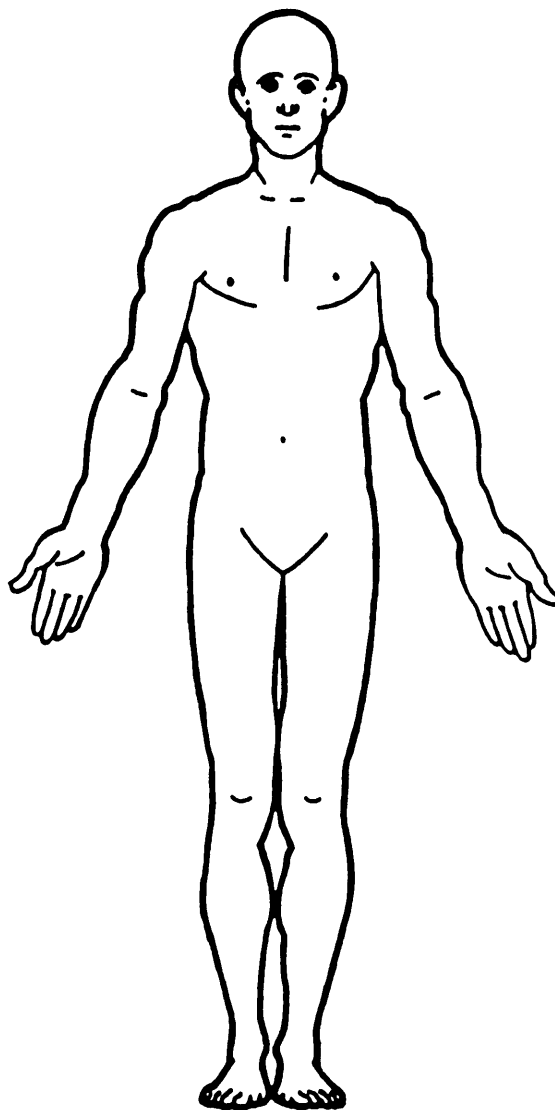
Arterial Blood Gases

pH = ___

PO₂ = ___

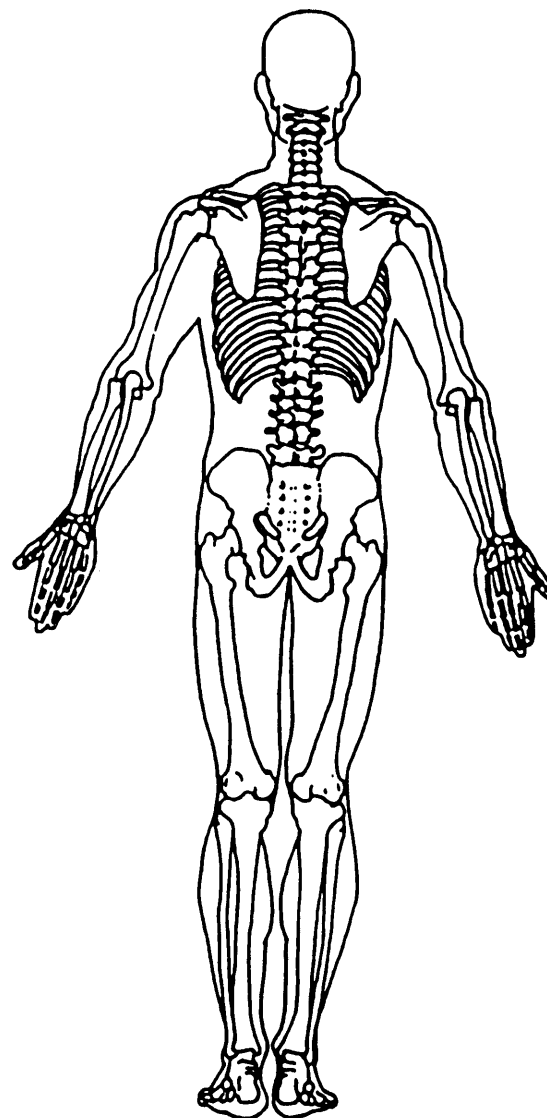
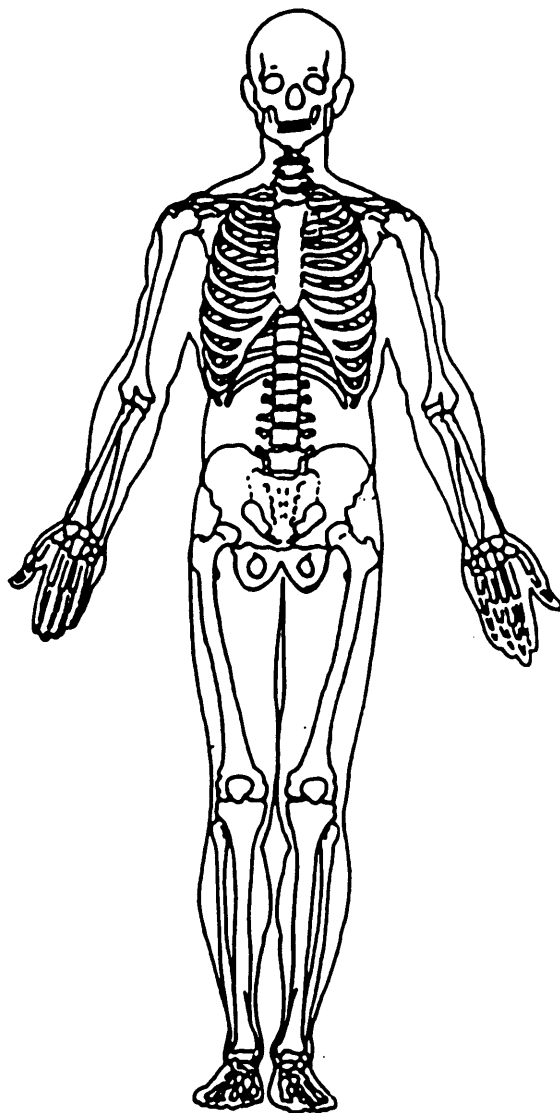
PCO₂ = ___

HCO₃ = ___



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):

- (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify)
- (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

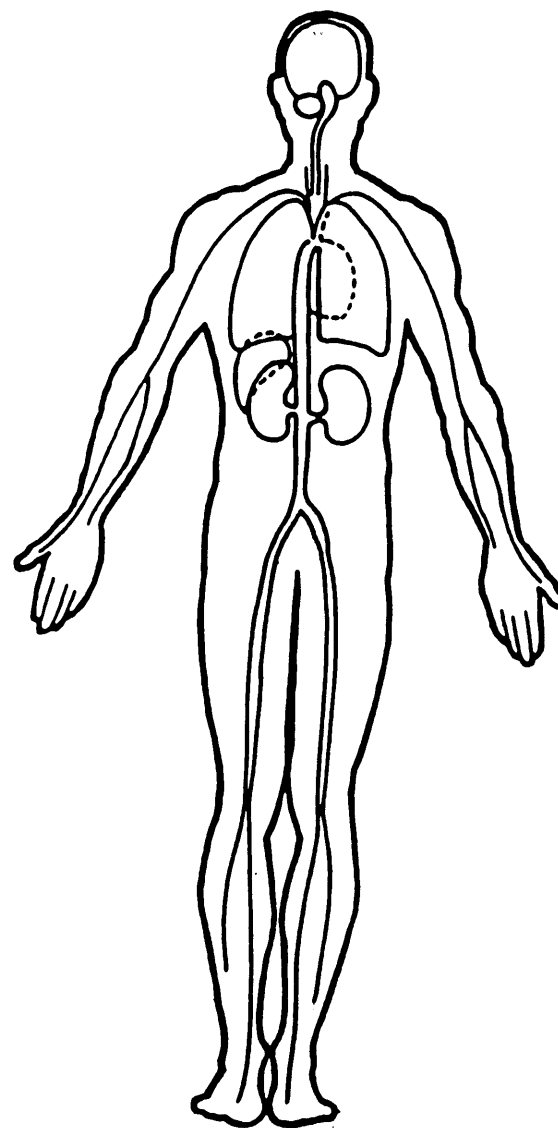
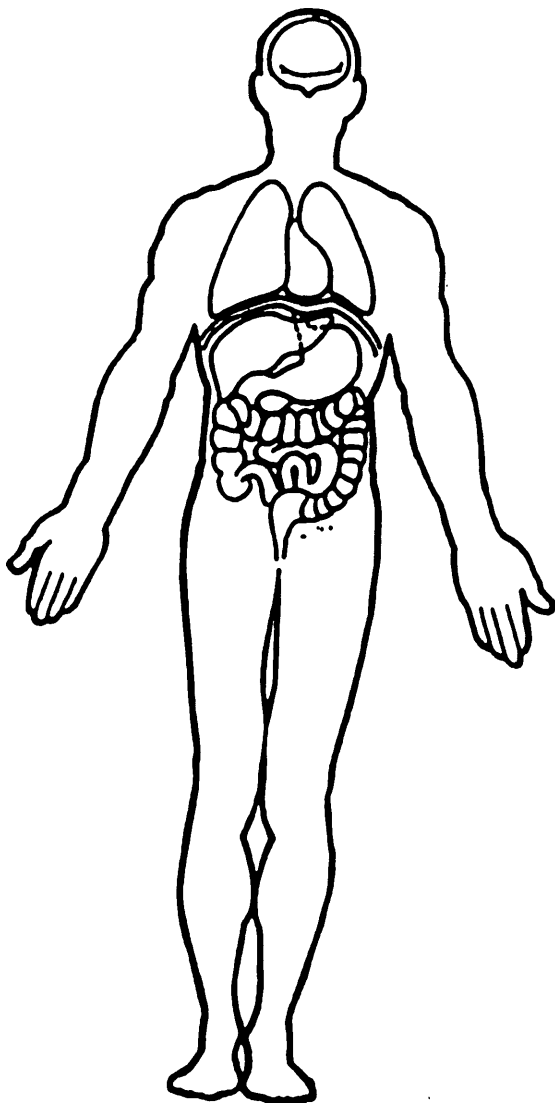
- (551) Ground
- (598) Other vehicle or object (specify):
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
D6	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)